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The Dentist's Creed

To respect my profession, my reputation and myself. To be honest and fair with my patients as I expect my patients to be honest and fair with me; to think of Dentistry with loyalty, speak of it with praise, and act always as a custodian of its good name. To be a man whose word carries weight with my fellow-citizens; to be a booster, not a knocker; a pusher, not a kicker; a motor, not a clog.

To base my expectations of reward on a solid foundation of service rendered; to be willing to pay the price in honest effort. To look upon my work as opportunity to be seized with joy and made the most of, and not as painful drudgery to be reluctantly endured.

To remember that success lies within myself, in my own brain, my own ambition, my own courage and determination. To expect difficulties and force my way through them; to convert hard experience into capital for future struggles.

To believe in my proposition heart and soul; to carry an air of optimism into the presence of possible patients; to dispel ill-temper with cheerfulness, kill doubts with strong convictions, and reduce active friction with an agreeable personality.

To make a study of the professional and business sides of Dentistry; to know both sides in every detail from the ground up; to mix brains with my efforts, and use system and method in my work; to find time to do everything needful by never letting time find me doing nothing. To make every hour bring me dividends in fees, increased knowledge, or healthful recreation.

To save money as well as earn it; to cut out expensive amusements until I can afford them.

Finally to take a good grip on the joy of life; to play the game like a gentleman; to fight against nothing so hard as my own weaknesses; and to endeavor to grow as a dentist, and as a man with the passage of every day of time.

THIS IS MY CREED



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Ritter Dental Manufacturing Co., Inc.

Rochester, New York

RITTER
Practice Building Suggestions

RITTER Practice Building Suggestions

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Revised and Enlarged



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INTRODUCTION

The Student Graduate



Obligations to Teachers and Humanity

THE new graduate in entering upon his life's work owes a debt of gratitude to the teachers who have so unselfishly given their knowledge and time to training men to succeed them in the profession. Much of their reward must be in the knowledge that the student will, in turn, give an unselfish support to matters of public welfare in every way that he reasonably can.

If, while at college, the student has not been impressed with the great service he can render humanity rather than with the financial gain that he may expect to reap, then something has been lacking.

Starting Out

Most young men starting out in the practice of dentistry with high ideals are handicapped to a great extent by a lack of knowledge of business principles that, if possessed and used, would make more readily possible the attainment of the ideals they were taught at college. The successful combination of the ethical and the ideal with the practical now becomes their problem. A successful application will not only enable them to serve humanity to a greater extent, but will make possible a reasonable reward for the services rendered.

An empty pocket-book will not assist them in serving humanity nor will their ultimate reward be obtained by putting the cart before the horse. Their first aim should not be to see how much wealth they can accumulate, but rather to carry out the teachings received at school. It will be necessary to creep before one can learn to walk.

The beginner will be obliged to work early and late, and probably in a great many instances will be obliged to accept whatever fees he can get before he will be able to reach the point where he can restrict his practice to a limited number of patients daily and base his fees in the manner suggested

under the subject of "How to Establish Fees" in the latter part of this publication. When the beginner opens his office for business, he will not find patients rushing in to have their dental work done by him, but there are ways and means of gradually bringing them in and of building a practice on a solid foundation.

School Days Not Over

Dentistry cannot be learned in four years at school. It takes many more years of constant study and painstaking effort to become proficient in the practice of dentistry and to become a builder of health. The end of the students' school days will not end their study periods. They will continually not only need new text-books, but it will be necessary to read regularly the dental journals, study new methods, new appliances and try new medicaments.

Helping the Children

In locating in a large city, the beginner should visit the officer who has charge of the health department and suggest a mouth examination for all school children, in whose welfare he should be widely interested, or, if located in a town or village, he should take the matter up with the superintendent of schools, which, as a beginner, is one method of not only donating a certain part of his time in the interest of preventive dentistry but of bringing himself to the favorable attention of the established practitioner and the community in which he is located.

His Associates

Every graduate should join his local society and study club, as well as the district, state and national associations. This will enable him to exchange ideas with his fellow-practitioner and obtain the benefit of the best in the profession. If he will cultivate the goodwill and good-fellowship of the older practitioners, he will always find them ready and eager to assist him.

Manufacturers and Dealers

It is also well to cultivate the acquaintance and confidence of dental manufacturers and dealers. The successful practice

of dentistry would not be possible without the co-operation of both the dealer and the manufacturer, and neither the dealer or manufacturer could exist without the dentist. All interests are, therefore, mutual, because the success of all depends upon the success of each. Many in the profession have a very wrong conception of the problems of manufacturing and distribution. They imagine that both fields are a lucrative bed of roses and that the principal work done consists chiefly of dividing the profits made at the expense of the profession. On the other hand, many are not familiar with the problems of the dentist, and if each can understand the difficulties of the other, greater strides will be made toward the common goal we are all working for, namely, to serve humanity to the best of our ability and at the same time have a reasonable share of the comforts of life.

Association with representative manufacturers and representative dealers will not only assure the dentist of receiving the best in the dental line, but he will also have the opportunity of advice that will be helpful, because it will be the advice resulting from a successful business experience.

It is always well to remember that the lowest price is not always the cheapest and that those who promise to give you something for nothing or something just as good as the recognized standard are not always real friends. Association with successful people and successful concerns is more likely to make for success than otherwise.

The foregoing and what follows is offered by us as an indication of a sincere desire to assist the dentist, not only the beginner, but the established practitioner, in solving some of his problems as we have come into contact with them.

*Ritter Dental Manufacturing Co., Inc.
Rochester, New York*

Law of Supply and Demand and Factors Affecting Demand

THE value of materials, labor, manufactured products and professional services varies directly with the demand and inversely with the supply. Twenty years ago dental equipment and dental services could be purchased for prices and for fees considerably less than today, not only on account of lower price levels that prevailed at that time, but because at that time dental equipment and dental services were in much less demand. Consequently the prices of equipment and fees were not only in keeping with the demand, but with the quality of equipment then produced and the quality of professional service rendered. If the demand for dental equipment and dental service had been diminished and finally extinguished, there would be no manufacturers or dentists in practice today.

Therefore, it would not be difficult to understand that if the public at large were to suddenly double its demand for dentistry, the demand would greatly exceed the supply which, to a certain extent, would be bound to increase fees.

Great improvement has been made in the practice of dentistry each year, but it seems that the medium of supply—that is, graduating students—increases accordingly, with the result that *the law of supply and demand rests practically with each individual dentist*. Those dentists who have large practices, and for whose services there is a constant and increasing demand to a point where it exceeds the supply, find themselves able to bring this situation to a proper balance by regulating their fees in keeping with the service rendered and the ability of the patient to pay. This procedure limits the practice to those who can afford to pay in keeping with the service rendered, and allows the dentist to not only increase his income, but also gives him relief from overtaxing his energies. It also gives him opportunities for scientific research, an obligation he owes his profession and humanity. Those patients who cannot afford to pay for the services of such dentists, the demand for whom exceeds the supply, make it necessary for

them to seek the services of other dentists, possibly equally as capable but for whom the demand is not so great.

The desire for dental services is not in itself an economic demand. No matter how much the public may want dental services, the desire for them can have no general effect upon the fees of the profession unless the public has the necessary means of payment. Desire for dentistry must be accompanied by the necessary purchasing power before it can become an economic or effective demand.

The factors of supply and demand affecting the success of the individual dentist are:

1. A sincere desire to serve humanity.
2. Honesty.
3. The highest sense of professional ethics.
4. Advantageous location.
5. Enthusiasm.
6. Operative ability—Thoroughness.
7. Modern environment and equipment.
8. Cleanliness.
9. Knowledge of proper management of patients.
10. Business ability.
11. Personality.
12. Diplomacy.

Honesty

Honesty is fairness and straightforwardness in conduct, in thought and in speech. A dentist is not honest with his patient or himself who is not efficient in his daily practice. Honesty makes for success, and extends far beyond the plane of patient and dentist. It is the basis of all successful business operations, and is the foundation of all matters of finance. Honesty is a dentist's capital. It makes for credit, safety and power.

Advantageous Location

An analysis of a community may prove that another dental office is indicated, but whether the dentist is to be successful depends entirely upon his personality and his ability to fit in with the general makeup of the community.

Some dentists are best adapted for establishing practices

in large cities. If so, they must give thought to the various city districts which may be classified as follows:

Residential sections, outlying business districts, manufacturing districts;

and main business section subdivided into:

Professional buildings, general office buildings, and those buildings catering to exclusive retail shops or tenants.

Certain dentists are best adapted to a suburban practice. Locations in suburban cities are classified into two and three-story office buildings, and dwellings in residential sections.

There is a third group of dentists who would be most successful in agricultural districts. These districts may be divided into small cities and towns whose economic features are railroad division points and state institutions such as universities, hospitals, county seats, etc. There are also smaller cities and towns located in farming and stock-raising communities, which depend entirely upon the farmer and stock-raiser for business contact. Certain types of dentists meet with marked success in such communities.

While distances have been bridged by every modern means of communication and transportation, every locality presents conditions that are peculiar to it alone. Therefore, before deciding upon a location a thorough study of it should be made so as to determine its advantages and disadvantages in various respects. If these have been intelligently analyzed, the dentist is capable of determining in advance what the community has to offer, and his prospects for success.

Enthusiasm

The majority of big successes, whether in a profession, business, art, science or politics, were made possible by enthusiasm. Enthusiasm, earnestness and sincerity carry conviction. The dentist who is enthusiastic simply bubbles over with his belief in himself and his profession. Enthusiasm is a necessary requisite for those dentists who want to practice with full efficiency. Enthusiasm is effective—first, because of its psychological effect upon the dentist, and second, because this effect reacts in many ways upon patients.

In generating the driving force of enthusiasm, the first

requisite is for the dentist to enjoy his work and throw himself eagerly into his practice. The secret of eagerness and enjoyment of work lies in interest, and interest is dependent upon study. The more the dentist studies the operative and business sides of his profession, the more interested will he become in his practice, and the more eager will he become to put to practical tests the theories he has worked out in his own mind.

When a dentist practices because he enjoys it, and not merely to earn so much per year, failures will never dampen his enthusiasm. He will analyze his failures, study their causes, and enthusiastically look out for another opportunity to succeed where formerly he failed. The dentist who does not enjoy his daily practice works under low pressure, and lacks those extra few pounds of steam which help him surmount his everyday problems.

Operative Ability

Operative dentistry is the science and art of the restoration of the natural teeth to a state of health, beauty and usefulness. Operative ability can only be acquired through a thorough understanding of the fundamentals and the technique taught in the colleges. The scope of a dentist's ability can be broadened through a continual study of text books, dental magazines, and the inter-change of ideas at dental society meetings. Aside from these, and most important of all, practical ability is acquired through practice, the technique of which is consistent with the teachings. In addition to these it is important that a dentist should have a fairly correct idea of not only his ability, but also his mental power. He should not underestimate his ability, for then he will never do justice to himself, being fearful lest a case is too difficult for him. On the other hand, he must not overestimate his ability, for then he may undertake cases for which, for the time being at least, he is not fitted. The ambitious dentist will acquire operative ability only so long as he tries to keep pace with the teachings of the keenest intellects in the profession.

Modern Scientific Equipment

While it is true that modern dental equipment does not make a dentist, nevertheless it helps present him to his patients, and enables him to do his work more efficiently. Equipment which

is recognized as "standard", with a gilt-edged reputation for quality, service, superior workmanship, beauty, ease of manipulation and convenience to the operator is a distinct asset. The dentist who would make the proper impression on patients must choose equipment which will stand out as a monument to his ability. It will be his silent salesman, because it will be evidence that can be visualized by the patient. A dentist cannot tell his patient that he is a good and capable operator. These virtues must be left to the patient's imagination, which will be assisted through the evidence at hand—namely, scientific equipment which not only looks the part but does the part during operative procedure.

It is only natural for a competent, conscientious dentist to feel that his ability alone should build up a profitable, loyal practice, but it cannot be denied that other factors affect a dentist's success.

The public little realizes the diversified knowledge and consummate skill the dentist must possess to be an able operator. Think of the years of application and never-ending study that dentists have devoted in order that they might serve humanity more effectively. Are they fair to themselves, to their hard-won technique, if they use equipment short of the best? Mechanical devices should be as flexible, sure and responsive as sensitive hands.

Fine equipment and well-appointed quarters cannot fail to have a favorable effect on patients as well. They are inclined to gauge a dentist's standing by his environment. If surroundings are impressively modern, they pay tribute in greater respect and greater financial return. Every skilled operator deserves a devoted practice and a growing income. A well-appointed operating room often makes both possible. The dentist's environment should be as modern as his technique.

Cleanliness

Cleanliness in and about the dental suite, together with that of the dentist's personal appearance, is a first requisite toward ability to impress the public. The public expects to receive scientific dental service, and is more amenable to these services at proper fees than it has been in the past. First

impressions are usually lasting, and for this reason the entire suite should be kept scrupulously clean.

During the average appointment, patients have many opportunities to study the details of the dentist's personal appearance, as well as the various rooms comprising the suite. It does not matter if the dentist's clothes are inexpensive and not particularly stylish, but it does matter if they are not in good order and appropriate for the class of patients that patronize his office. A dentist who looks clean and well-groomed in every detail creates an impression of capability insofar as purely outward matters are concerned.

Management of Patients

Management of patients involves nothing more nor less than talking to them in a way that appeals to them. Kindness, gentleness, patience, courtesy, tact, and consideration for the patients' comfort, plus the teachings of the Golden Rule, are the necessary requisites for their management in the dental suite.

Business Ability

If dentists are to enjoy a just and prompt remuneration for the services they render to their patients, then it is necessary that they study business principles which should be applied to any well-regulated practice. The ambition to make money as a dentist is honorable only so long as that ambition does not outweigh the desire to render a scientific service, one in keeping with the fee asked and the ability of the patient to pay. Therefore, it is necessary that dentists know something about business economics, even if only the fundamentals.

The dentist who makes a study of the business side of his profession will get a double reward. First, his income-producing ability will be increased, for he will have a better understanding of business conditions, will see more clearly the possibilities of his own practice, and will be better prepared to take advantage of opportunities. Second, he will be a broader man, and get more satisfaction out of his practice and out of life. With a better appreciation of the relationship existing between the professional and business side of his profession, his own practice will begin to possess for him the fascination of a game, and its charm will be due not only to his increased earnings, but also

to the consciousness of power which its successful conduct gives him.

Personality

The dentist whose personality is made up of enthusiasm, sincerity, earnestness and tact possesses a great asset. A dentist who is handicapped by physical appearance may greatly impress his patients if he has personality. These attributes, if developed, will instinctively win the admiration and trust of patients. Those dentists who lack these qualities seldom meet with more than mediocre success.

Diplomacy

Diplomacy is the intellectual quality as courage is the moral quality of the successful dentist. It is the lubricant which takes the creaks and jars out of critical situations. The dentist who lacks diplomacy will find that sand has a way of eating into the bearings of his point of contact with his patients. Enthusiasm may be working at its very height when patients are given health talks on dentistry and scientific service, and his courage and convictions linked to his health talks may form a perfect piece of mechanism. However, if he lacks diplomacy arguments will fail, just as a piece of machinery however carefully put together fails to act without lubrication.

Diplomacy is that mental alertness which enables the dentist to say and do what is best under seemingly unfavorable circumstances.

Time Element

The dentist is unlike a merchant, who does not sell his time but rather his wares. The dentist really does not sell restorations, treatments or materials, but good health. The former is only a means to an end. The value of the dentist's time in restoring health is determined by the demand for it, plus his cost of doing business. Out of twenty-four hours a day not more than eight—preferably six—can be economically used as income-producing hours. The merchant can increase his stock, put on intensive sales drives, and through various means increase his business, but the dentist is limited to the sale of his time measured basically on an hourly basis. The dentist cannot add

to his time, but he can improve it in various ways by keeping hours filled with patient appointments, or if that is not possible, by making use of his unfilled hours for research and study so that he may live up to his opportunities as they are presented.

Office Individuality

By "office individuality" is meant an office distinctively different from any other in the community. "Office individuality" embodies office planning, color schemes, lighting effects, floor coverings, window treatments, picture subjects, reception room, retiring room and business office furniture, as well as the selection and proper installation of scientific dental equipment. Along with the suggestions made to the dentist by dental supply salesmen and others, he should try to incorporate in his "suite" some of his own ideas which will reflect his personality.

SECTION I

Public Opinion and the Dental Profession

Twenty Years Ago

DENTISTS who have been in practice for twenty years must be impressed with the rapid strides that the profession has made during that time, and with the fact that the public has considerably changed its former opinion of dentistry. In former years the laity looked upon dentistry as something more or less jocular. If one was heard to remark that it was necessary to have a "tooth pulled" those overhearing it would immediately make light of it. The layman's idea of a cavity was merely a hole to be plugged up for the sum of \$2.00, including treatments. Dentures were known as "plates," with an established price of \$15.00 for an upper or lower, or \$25.00 for both, the extraction thrown in. Children's teeth were given little or no attention by their parents except when necessary to have a "tooth pulled," due to toothache or acute abscessed conditions. The temporary teeth were being removed as fast as possible in order to make room for the permanent set which was to put in its appearance some time, possibly in the near future. When the permanent teeth appeared, no attention was given them except in cases of suffering. The average orthodontist had difficulty in making a living because the laity did not realize what might be accomplished for children, and again, the orthodontist was begrudging his fee. Patients who should have had bridge work restorations, decided to save the money that bridge work would cost by having the balance of their teeth extracted and "plates" made instead, and looked upon them as being something just as good. In those days "better dentistry" was looked upon by the poor and middle classes as something only for people of means.

Through lack of dental education in the public schools and other means, the public did not know that health was impaired by tooth neglect. The scope of the laity's understanding of dentistry aside from painful extractions was gold, silver and cement fillings, crowns, fixed bridge work and plates. These

were considered standard dental commodities, the preparations for which were always associated with a maximum of distress and pain.

In previous years the laity as a whole held itself aloof from dental offices until driven to them for relief.

The New Era Thought by the Public

We want the laity to think so much of dentistry that provision for it will be made in the average family budget, the same as for rent, light, fuel, food, etc.

We want the poorer class of the laity to take dentistry seriously enough so that they will visit a dental office at frequent intervals in order to forestall an accumulation of work to be done, which, if allowed to remain undone would make them feel that they could not afford the type of work indicated. If this kind of people will submit to periodical examinations, tooth troubles will be detected in their primary development, and can then be properly corrected with little expense.

We want the laity to think so seriously of dentistry that they will insist upon the school boards and public health authorities making mouth hygiene an important study in every public and private school in the United States.

We want parents to think so seriously of dentistry that they will become thoroughly familiar with the routine in which deciduous teeth are supposed to erupt and after they have erupted, how they are to be cared for and why it is of the greatest importance to have them retained in the mouth until nature herself expels them. We want parents to know in which way the health of the child may be impaired throughout life because of failure to properly care for these so-called "baby-teeth."

We want parents to know how the welfare of the child, not only from a health viewpoint, but also from that of a social and business status, may be very greatly handicapped through the parents' failure to appreciate the importance of having teeth regulated by scientific orthodontists when abnormal occlusal conditions prevail. Children with receding or protruding chins, who are considered homely by everyone outside of their own family, can be made beautiful, through corrections, if placed in the hands of the orthodontist.

It has been proved time and again through scientific dental research that many criminals have been developed only because of wilful mouth neglect by the parents, at a certain period in childhood. Many of the dwarfed mental conditions now in existence can be laid directly at the door of mouth neglect during junior life. We want the layman to know through proof that dentistry is equally as scientific as medicine.

We want the laity to think so seriously of dentistry that they will not choose their dentist at random or compare dentistry with a commodity, placing it on a price basis. The layman hesitates to choose a physician without first inquiring as to how competent the physician really is. The laity thinks, and perhaps justly so, that when choosing a physician or surgeon, their very life is put in his hands. The layman has not yet come to know that whenever he seeks the services of a dentist, he is also placing his life in the dentist's hands—and in many cases to a greater extent—than with the physician or surgeon. We want the laity to realize these things, and to bring about this realization it is up to the dental profession, hygienists, dental nurses, dental dealers, their salesmen, dental manufacturers and their salesmen, through concerted effort to bring this thought home to the laity.

When the masses once begin to realize that 90 per cent of all ailments first originate in the mouth because of oral neglect, then dentistry will come into its own. The laity knows in a general way that in order to be successful in the home, in social life and in business, they must be healthy, but they do not yet realize that the teachings of oral hygiene, if practiced by everyone, are a 90 per cent aid to health success.

Dentistry is a strictly scientific profession. No two mouths nor any two teeth are exactly alike. Each individual requires special consideration, which must be based upon years of scientific research by not only authorities in dentistry, but by every dentist who believes in his profession and who is making it his life work. It is all of these things that we want the laity to not only *know*, but also to *believe* because it is the Truth.

SECTION II

Choosing Right Location and Starting the Practice

Analysis of Communities

ONE of the most important problems dentists have to solve, and particularly among those who are about to graduate, is to determine just where to locate. The majority of those expecting to locate usually do so in the state from whose schools they have graduated. This, then, brings before them the question of what type of locality within the home state upon which to decide.

As previously stated under the subject of "Law of Supply and Demand and Factors Affecting Demand," this can be best determined after a thorough self-analysis. However, this in itself will not suffice because there are many communities in each state which would come under the same classification, and it is therefore of the utmost importance that a dentist know how to intelligently decide upon the best one of a group for which, upon a self-analysis, he seems most fitted.

Each year many dentists make the mistake of locating in a community which has no possibilities for them beyond that of a bare existence, with the result that in a few years these dentists seek other locations. When this occurs, some of them have profited by their past experiences, and through them learn to make a careful analysis of a community before locating blindly on their second venture. This entails loss of time, effort, and expense in both locations. This waste of time and money, with accompanying discouragement, can be diminished in the majority of cases if an analysis of the community is made in the beginning.

Communities can be divided into the following groups: Small towns and rural districts, cities, and those large enough to be known as of metropolitan nature.

Small Towns and Rural Districts

By these we refer to towns with a population up to 15,000, and by "rural districts" is meant agricultural communities

surrounding these towns for a distance of thirty miles. If a dentist has decided to locate in a small town or city which is chiefly dependent for business upon its agricultural district, it is to his interest to locate in the one which stands out pre-eminently above all others as the one offering him the greatest number of opportunities.

To those who do not know how to discover or analyze the merits of various cities and communities, the problem of location becomes a most perplexing one, usually resulting in a haphazard decision which develops more or less into a game of chance. By this method a few dentists are lucky, but most of them find at the end of a year that their judgement was faulty, due principally to the fact that they allowed themselves to become influenced by surface evidence rather than by that brought out through careful analysis and study.

Dentists who are about to locate should make a preliminary analysis through the aid of a questionnaire carefully gotten up and sent to the commercial clubs of the city or town in question for filling out. So as to guard against the return of the questionnaire filled out with exaggerated answers from the local club, a duplicate should be sent to some well-known commercial rating agency located in the nearest large city. The information which they will supply on a questionnaire for a small fee can usually be accepted as authentic.

Possibilities of Town or City

Proportion of American and Foreign-Born?

The foregoing information is most important, because it will bring out the business possibilities of the community. Generally speaking, native-born Americans respond in greater measure to the teachings of dentistry than the other nationalities. Therefore, if the Americans and those of favorable foreign extraction, plus minors of foreigners above twelve years of age, are in the majority, then such a population should be favorably looked upon. If the make-up of the population is reversed in any respect, then unless the dentist is content to depend upon volume and small fees, plus continual educational efforts, he had best check this part of the questionnaire in red so as to determine whether the red marks, indicating

unfavorable conditions, will outnumber those in black indicating favorable conditions.

What is the Percentage of Illiterates?

It is always a serious drawback to any community to have among its ranks a high percentage of illiterates. Causes of such conditions are varied and should be carefully looked into. It perhaps is needless to say that the general purchasing power, as well as credit ratings, in such communities are very low.

What is the Population of the Rural District Surrounding the Town or City?

By adding the totals of both city or town and rural, a grand total is determined. The dentist can go a step further in his analysis by requesting the population per square mile for the rural district. This is important because it will help him determine to a degree to what extent he can depend upon the rural district for support. If the percentage of population per square mile is very low, he probably cannot depend, at least not for a long time, upon a revenue from it. A sparsely populated rural district is as a rule very clannish, aside from being averse to seeking the services of a newcomer, while a district with a bigger population per square mile is just the reverse.

How many dentists already established?

Of the total number, how many have modern offices?

How many have been located less than a period of 5 years?

How many have been located from 5 to 10 years?

How many have been located from 10 to 15 years?

How many have been located from 15 to 20 years?

How many of them are advertising dentists?

Are dental fees in this community small, or medium?

Do the advertising dentists enjoy a large business?

All of the foregoing is very important because it will determine whether or not the community has more dentists than it can support. Usually 1000 people can be allotted for each dentist. If it is determined that there are less than this number for each dentist in a given community, it would indicate too many dentists unless it develops that some of the dentists already located are not enjoying their rightful quota due perhaps to their unpopularity brought about by various causes,

such as lack of discretion, poor workmanship, non-progressiveness, untidy offices or those completely out-of-date.

A careful check-up should be made on those dentists coming under the heading of "advertisers." These usually locate in communities where the population is mostly foreign born. Such people are easily misled, and are ready prey for the rank advertiser. The ethical dentist has nothing to fear from the advertiser, except in such communities where the dental society is not harmonious, or where there are more advertisers than ethical men, and where it seems the population as a whole is satisfied with the service these advertisers render.

Dental fees in the community should be closely analyzed, because they express for the community several very important points. If the average fee is small, it would indicate—first, that possibly the buying power per capita is very low; second, that perhaps the local dental society is not working in harmony; and third, that the advertisers have succeeded in placing dentistry for the community on a price basis. If the average fee is medium, it would indicate just the opposite.

How Many Villages and Towns with a Population up to 300 are within a Radius of 30 Miles of the City?

Farmers and villagers will travel by automobile or rail an average distance of 30 miles to obtain good dentistry. If a city or town in which a location is being considered has a number of villages in close proximity, together with a good population of desirable farmer families plus good roads and proper railroad facilities, the dentist, if a good mixer, may secure as a result of these advantages a goodly number of desirable patients aside from his regular city practice.

How Many Incoming and Outgoing Trains?

Those cities which have the greatest number of local trains during the day naturally act as a drawing power to the surrounding territory.

Condition of Roads?

Good roads leading into a city act as an incentive for villagers and farmers to travel to the city by automobile. Good roads are more important in many localities than railroad facilities. A farmer has to prepare to catch a train, as well as

wait for it. Good roads will bring him to town more frequently because he can traverse them at times which suit his convenience. This is most important, especially at harvest periods.

How much has Population Increased During Last 10 Years?

To locate in a community whose population is on the increase should be of vital interest to every dentist. A gradual, steady increase over a ten-year period is a healthy symptom for a good location. A phenomenal increase in a short period should be looked upon with suspicion. Booms are like balloons. They will puncture in due time, and when the puncture occurs everything falls flat. There, of course, are exceptions. Rapid increases in population brought about by legitimate causes should be looked upon with favor. A good, sound manufacturing project will bring about a rapid increase in population, and barring national panics the business increases which new people bring to a city will remain stable.

Is the Population Public-spirited?

A public-spirited community means much to a city. Statistics prove that where a good public spirit prevails the city and surrounding territory, together with its population, are very much more up-to-date in almost everything than where this spirit is lacking.

Number of Crop Failures, and how frequently during the Past 15 Years?

If a dentist locates in a community where crop failures are a steady diet—that is, every other year—he will be continually hampered by having to give long-time credits. Crop failures always make for unstable business during the entire year, and dentists come in for their share of the burden.

What is the Value of the Agricultural Crop, and how does it compare in quality to that of other communities?

If the crop values in a given county are to any great extent below par of those of adjoining counties, it usually indicates a shifting population. This shifting is brought about by farm rentals and crop profit-sharing schemes. The people on these farms are as a rule disinterested in the community, in addition

to being usually short of funds. Where farm rentals are a feature in any community, it usually indicates that values are low and that the farms have been neglected.

What is the Average Value of Farm Land per Acre?

Farm values have a great influence in the community. High values make for a prosperous community, with resultant profitable fees for the dentist. Low values reflect just the opposite.

*What is the Amount of Total Retail Business
in the City or Town?*

If the figures show a high average, it means that the population does most of its retail buying with the local merchants. If the figures are low, it would indicate that a good portion of the buying is done away from the city. The reasons for the latter should be carefully looked into. Perhaps the local merchants are charging high prices for wares of an average quality, or they may be carrying stock which is out of date. It should be determined whether the public leaves the city in order to do its buying elsewhere. If this is the case, and providing their source of retail buying is in close proximity to the home city, then it is also likely that most of them have their dentistry done in the neighboring city.

What is the Per Capita Buying Power Per Year?

If the per capita buying power is low, it also as a rule indicates that dental fees for this community are low, and that the dentist must expect to depend upon volume. If the per capita buying power is average or above the average, the dentist can be reasonably sure of a successful limited practice with profitable fees.

What is the Total Number of Automobiles in the County?

A high percentage of automobiles indicates a progressive community, in addition to potential wealth.

*How many Automobiles were Purchased each
Year Since 1920?*

This is but a step further in determining the wealth of the community. Automobile purchases for each year should be on the increase, providing the community is progressive.

What is the Status of the Local Banks, and what are the Banks' Clearings?

This information should reveal to what extent the community is borrowing money. Normal borrowings indicate thrift and expansion. However, a high percentage of borrowing indicates an inflated condition which is bound to react sooner or later. The status of the local banks should be compared with those in other counties in the state. This will give a further insight into the possibilities of the community in which a dentist contemplates locating.

What is the Crop Yield per Acre?

This will indicate whether full advantage is being taken of the soil, and also whether scientific farming is being practiced. This should be of interest to the dentist, because scientific farming methods mean more money for the community.

Do the Farmers Engage in Dairying?

If so, it is further evidence of progressiveness.

Do the Farmers Engage in Stock Raising, and to what Extent?

Stock raising, even if only on a small scale, goes hand in hand with intensified farming.

What Manufacturing Plants are there, and What is the Total Value of the Manufactured Products?

Manufacturing in a small city or town is always a healthy indication, especially so if the demand for the products is such as to keep a full employment the year round. This means steady earnings and has a tendency to stabilize conditions, at least for the city in which these manufacturing plants are located.

What Percentage of Homes are Owned by Residents?

If it is found that a large percentage of the homes are owned by residents, it indicates further that the community as a whole is existing upon a sound financial basis, and that the population is thrifty.

What Percentage of Homes are being Rented?

Most frequently, if the percentage of homes rented is high, it indicates a floating population—that is, people come and

go, remaining in the city perhaps for a year or two, and then move elsewhere. If such a condition exists, a steady revenue cannot be depended upon over a period of years. If the percentage is low, it would indicate just the opposite.

What is the Average Wage paid to Wage Earners?

It is very important that a dentist determine this in advance, because it will help him in a measure to find his limitations so far as fees are concerned. If the average wage is low, then his revenue from city patients at least will depend almost entirely upon volume. If the average wage is medium or high, it would indicate that there are great possibilities for him in this community for a limited practice from which he may enjoy the proper fees.

Public Utilities

If the city enjoys very good service on utilities such as water, gas, electricity, street railways, etc., it is always a point to the city's credit, because it would indicate further that the community as a whole is progressive.

If the dentist will carefully investigate all of the foregoing features set forth in this questionnaire, he should feel satisfied that he has made a scientific analysis, and if the favorable findings outnumber the unfavorable, then the dentist should feel secure in knowing that he has a future before him in such a community. The following is a summary of all the foregoing features to investigate in a given community, in addition to which we have added what to look for when only a preliminary analysis is being made.

Population of Town or City

Proportion of American and Foreign born?

What is the population of the rural district surrounding the town or city?

How many dentists already established?

Of the total number, how many have modern offices?

How many have been located less than a period of 5 years?

How many have been located from 5 to 10 years?

How many have been located from 10 to 15 years?

How many have been located from 15 to 20 years?

How many of them are advertising dentists?

Are dental fees in this community small, medium or large?

How many villages and towns with a population up to 300 are within a radius of 30 miles of the city?

How many incoming and outgoing trains?

Conditions of roads.

How much has population increased during last 10 years?

Is the population public-spirited?

Number of crop failures, and how frequently during the past 15 years.

What is the value of the agricultural crop, and how does it compare in quality to that of other communities?

What is the average value of farm land per acre?

What is the amount of total retail business in the city or town?

What is the per capita buying power per year?

What is the total number of automobiles in the county?

How many automobiles were purchased each year since 1920?

What is the status of the local banks, and what are the banks' clearings?

What is the crop yield per acre?

Do the farmers engage in dairying?

Do the farmers engage in stock raising, and to what extent?

What manufacturing plants are there, and what is the total value of manufactured products?

What percentage of homes are owned by residents?

What percentage of homes are being rented?

What is the average wage paid to wage earners?

Public Utilities.

*Things to Look for in Connection with a
Preliminary Analysis*

Up-to-date stores which every progressive community should have—

Wearing Apparel

Agricultural, farm implements,
machinery

Candy and Confections

Grocery Stores

Automobiles and Auto Ac-
cessories

Jewelry

Drugs

Musical instruments, such as
pianos, phonographs, etc.

Printing and Stationery

Books

Hardware

Home equipment—furniture, etc.	Millinery
Electrical supplies	Churches
Picture Theatre	Newspapers
Dry Goods	Plumbing
Shoes	Lumber and other contracting materials
Men's Furnishings	Hospitals and Schools
	Restaurants

Suburbs

Every large city has numbers of suburbs which afford ideal locations for the dentist. Suburbs can be divided into three classes:

1. Suburbs whose population is made up chiefly of steel workers, packing house employes, railroaders and those employed in various manufacturing plants, aside from those engaged in conducting retail stores, etc.
2. Suburbs whose population is made up of those whose yearly incomes range from \$3000 to \$7500 per year. This class is usually employed in diversified lines in the adjacent large city.
3. Suburbs whose population is somewhat exclusive and those that enjoy yearly incomes above \$10,000.

First Classification of Suburbs

Almost any dentist can establish a successful practice in the first classification given. However, he must be sure that his personality is such as to fit in with the people making up the various classes as listed. He will do well to first consider whether he is willing to put up with inconveniences, such as practicing at night. It is not always possible for factory workers to leave their posts of duty during the day, and aside from this the dentist must remember that the earnings of the great majority of male patients cease when time is taken off during working hours. This makes it necessary for them to patronize those dentists who are willing to make evening appointments.

He should determine whether the industries which make up the community afford steady employment to the population

the year round. Very frequently certain plants close down for several months at a time. The causes for these shutdowns are varied. Some of them are due to lack of business, others to seasonal demands, and still others to labor troubles. If these shutdowns are of frequent occurrence, then a dentist will do well to avoid such a community unless he is satisfied to wait for seasonal demands for the commodity being manufactured, and again to await settlement of labor disputes. The dentists in such communities must bear the burden of depression along with the general population. Usually after a period of idleness, the very first people who were good enough to extend credit are the last to be paid up—that is, the dentist and the physician. When everything goes well with the industry, then it is true that the dentist will enjoy prosperity along with the rest, because under those conditions money is spent freely. However, when shutdowns occur, the dentist's earnings are greatly diminished, and it takes considerable time for financial recuperation to take place in these communities.

Fees above the average are seldom, if ever, attained, and the dentist who would locate in such a community must be satisfied to practice early and late for nominal fees, and must depend for his yearly gross income purely upon volume of practice rather than phenomenal fees.

When deciding upon office space in these communities, he should do so with the thought of convenience for his patients. He should choose a building located on a street which is traversed daily by the majority of the population. He will do well to choose a building located in the heart of the retail district. This makes it convenient for the women and children upon whom he will practice during the day, as well as for the men upon whom he will practice at night. Aside from the location of the building, his office within it should be so situated that it can be easily found by the people coming to him. If possible, his operating rooms should face the street. His window signs should be of such color and size that they can be easily seen. In such communities a certain amount of window publicity is necessary, because people are attracted by it.

To locate an office within a dwelling or an apartment house in these communities seldom makes for success, especially so if the location is away from the retail district. People in this

class of suburb like to traverse the busy streets upon which retail stores are located, and are not attracted to the beginner's office if it is located away from the busy section. Successful practices have been conducted in residences in these communities, but usually not until the dentist has become thoroughly acquainted as well as established.

It is not intended to discourage dentists from locating in communities as described in the foregoing. It is true that many successful practices are being conducted in them, but only by those dentists who know how to fit in, who understand the problems of those in the manufacturing localities, who can join them in their joys and sorrows, who are willing to act in an advisory manner, who can display patience in connection with dental education, who are anxious to give their very best dental services for a nominal fee, and who are content to fraternize sufficiently that these people may know the dentist is their friend. The dentist who can fit in such a community will secure and enjoy patients right from the start.

In connection with locating in a suburb of a large city whose industries are those listed in Classification No. 1, the following analysis should be made, the explanations for which can be found under duplicate headings as listed under "Small Towns and Rural Districts."

Proportion of American and Foreign born.

How many dentists already established?

Of the total number, how many have modern offices?

How many have been located less than a period of 5 years?

How many have been located from 5 to 10 years?

How many have been located from 10 to 15 years?

How many have been located from 15 to 20 years?

How many of them are advertising dentists?

Are fees in this community small or medium?

How much has population increased during the past 10 years?

Is the population public-spirited?

What manufacturing plants are there, and what is the total value of manufactured products?

What percentage of homes are owned by residents?

What percentage of homes are being rented?

What is the average wage paid to wage earners?

Public Utilities.

What is the amount of the average savings account at the bank?

It is not always possible to get this information from banks. However, when it is available it will be of assistance to the dentist in determining to what extent laborers are practicing thrift. A manufacturing district in which a great percentage of the population enjoys savings accounts at the banks should convince the dentist that his practice will not be impaired to any great extent when shutdowns of mills and manufacturing plants occur, and again during periods covering labor controversies.

How frequently have Shutdowns Occurred during the past five years?

These should be carefully looked into and analyzed sufficiently so as to determine the causes. If the nature of the commodity being manufactured is such that shutdowns are bound to occur frequently, even in normal times, then the dentist had best avoid such a community unless he is satisfied to have his practice fluctuate—that is, to be busy for six months of the year, and to be idle for the balance.

How frequently have Strikes Occurred during the past five years, and What were their Causes?

If your investigation proves that strikes have been frequent and their causes of such a nature that have never been thoroughly settled, then it is reasonable to believe that recurrences will continue. Frequent strikes always make for weakened business conditions in a community, and the dentist must decide whether he is willing to carry his share of the burden.

Does the Community Support Public School Dental Clinics?

If so, it would indicate that the community is being educated in mouth hygiene, all of which creates a demand for better dentistry. If an investigation proves that public school dental clinics are not yet in evidence, it would indicate that the local dental society is not progressive, and possibly that it is not working in harmony. In the absence of these clinics, the dentist should determine whether he can be instrumental in getting

them established, and whether or not he is willing to do his share in contributing to the teaching of mouth hygiene in the community.

Things to Look for in Connection with a Preliminary Analysis

Up-to-date stores which the community should have:

Wearing Apparel	Men's Furnishings
Candy and Confections	Groceries
Automobiles and Auto Accessories	Jewelry
Drugs	Musical instruments, such as pianos, phonographs, etc.
Printing and Stationery	Books
Hardware	Millinery
Home Equipment—Furniture, etc.	Churches
Electrical Supplies	Plumbing and supplies
Picture Theatre	Lumber and other contracting materials
Dry Goods	Hospitals and Schools
Shoes	Restaurants

Second Classification of Suburbs

The second classification, pertaining to the middle class which is located in suburbs, requires a more careful analysis than the manufacturing suburb, because the dentist must be more particular in the selection of his office space, and further because the people in these communities are more exacting in selecting a dentist.

The tendency of the middle class in recent years aside from making rapid business progress, is to live up to the limit of their incomes. In other words, they want to appear in every respect as possessing considerably more than is actually the case. In their anxiety for business and social gain, they become associated with various clubs, fraternities and civic organizations, and through these various affiliations patronize in a business way those people with whom they become acquainted, and who are also interested in the same social pursuits.

Those dentists who would practice upon the middle class in the suburbs must therefore depend upon acquaintanceship, plus recommendations, if they would establish in short order a growing practice. Aside from the actual establishment of

the office, the dentist will make his first step in the right direction if he will become affiliated with a fraternal organization the majority of whose members will make desirable patients. To be taken in by such an organization will in itself not help unless the dentist takes an active interest in not only the work itself, but also in religiously attending each meeting, cheerfully serving on various committees, and making it a point to meet each and every member.

He should become affiliated with civic organizations, especially those which are interested in furthering the interests of the suburb. He must let it be known that as a citizen he is interested in the advancement of the community, and so as to give proof he should not only be willing to serve when called upon, but should make a study of what the community needs, and then be ready to make his suggestions at the proper time. Even very small suburbs have their civic organizations such as commercial clubs and others known as Rotary, Kiwanis, Optimists, Lions, etc. etc., and it is with such that the dentist can become quickly established, gaining prestige aside from social enjoyment, and through it all gain ethical publicity which is so essential to his success. All of this makes for good citizenship.

Becoming established in a suburb whose population is chiefly made up of the middle class is far more difficult than becoming established in those where the laboring class predominates. In them, aside from equipping the office and a month's rent in advance, usually no other capital is necessary. However, in the suburb of Class 2 the dentist must have some working capital. The middle class does not respond as quickly as the laboring class. It sometimes requires months before the dentist can make sufficient headway in securing patients. Therefore if he decides to locate in such a suburb and to be successful in it, he should have sufficient cash on hand to carry him over a period of at least three months in the event that patients do not come to him from the start.

Just where in the suburb he is to have his office depends entirely upon the makeup of the retail store section. Office buildings in these suburbs usually are of three or four stories. The dentist should try to locate in the one which not only looks modern, but has for its tenants the best dentists, physicians and

lawyers, etc. in the community. Frequently space is not available, and if upon investigation it proves that all of the space is taken up on long leases, then the dentist will be wise in locating in a building of less modern construction, but which is in close proximity to the favored one, and also close to the main intersection.

Rather than locate in an office building which is on an "off" street and noted for its vacancies, the dentist will fare better if he will establish himself in a modern apartment house or a residence. Physicians have recognized the value of residence offices in suburbs, and usually are interested in subletting space to a good dentist who will not only help to make their office unit complete, but also enhance the neighborhood, at least for medical and dental patronage. The physician who is willing to sub-let his space to a dentist is naturally anxious to see him succeed, and therefore is a valuable aid to the dentist in helping him get started in the community.

In the suburbs whose population is made up of the middle class, the dentist cannot expect to get many male patients for the reason that a great percentage of them are engaged in business activities in the adjacent large city. As a rule, these men have their dentistry done away from the suburb only because it is more convenient. This would lead one to believe that the wives and children of such men also secure their dentistry from the same source. However, it must be remembered that as soon as it is known that a good, conscientious dentist has become established, the women and children will soon patronize him because it is more convenient for them. If the dentist's service to them is pleasing, then in time he will probably also enjoy the patronage of the heads of the families.

In connection with locating in a suburb of a large city whose population is made up of the middle classes as listed under Classification No. 2, the following analysis should be made, the explanation for which can be found under duplicate headings listed under "Small Towns and Rural Districts:"

Population of the suburb?

How many dentists already established?

Of the total number, how many have modern offices?

How many have been located less than a period of 5 years?

How many have been located from 5 to 10 years?

How many have been located for a longer period?

Are dental fees in this community small, medium or large?
How much has population increased during the last 10 years?
Is the population public-spirited?
What percentage of homes are owned by residents?
What is the average value of residences which are owned by the occupants?
What percentage of the population is renting residences and apartments?

What is the average rental for residences and apartments?
If the rentals are very high, it is further evidence of the class of people living in the suburb, and also gives a further insight into their earning power.

Are there Evidences of many Vacant Residences and Apartments?

If so, it might indicate that real estate values are greatly inflated, and that because of it people are not moving into the suburb. This in a measure would indicate that its growth is being dwarfed.

Do the Majority of the Residents Dress Fashionably?

If so, it would be further evidence that it is possible to secure dental fees above the average, providing the dental suite expresses modernity. On the other hand, if the majority of the people seem to dress so fashionably that it becomes sensational, it might be well, in the event that the dentist decides to locate, to watch very carefully his accounts where sensational style seems to be in evidence. It is often the case that many of these patients which a new dentist might secure have poor credit ratings. If the residents are up-to-date but conservative in the matter of attire, it would indicate a more desirable population. These people will pay a fee commensurate with the dental services rendered.

Condition of Office Buildings, Store Windows, Streets, Residences, and Lawns

If all of these are well-kept and orderly looking, it would indicate a prosperous suburb. If the appearance of these is contrary to the foregoing, then it would indicate a failing suburb.

Is there much Activity in the Business Section at Night?

If the picture theatres, refreshment shops and restaurants seem to be doing a thriving business in the evening hours, it would be a further evidence of progressiveness for the community.

*Things to Look for in Connection with a
Preliminary Analysis*

Up-to-date stores and merchandise, which should be modern in every respect:

Candy and Confections	Restaurants
Automobile Accessories	Ladies' Hairdressing and
Drugs	Manicure Establishment
Picture Theatres	Barber Shops
Dry Goods and Notions	Library
Shoes	Exclusive shops specializing in children's apparel, as well as apparel for women
Men's Furnishings	Smoke shops
Groceries	Banks
Delicatessen	Florist
Books	Stationery
Millinery	
Churches and Schools	

Third Classification of Suburbs

Some dentists leave college with the thought of immediately securing a practice made up of very exclusive people, and they believe that the quickest way to reach this goal is to establish an office in a suburb whose population is made up of such people. Patronage of the wealthy in such communities is only secured after years of establishment. Wealthy patients are usually satisfied with their dentists, and it is only occasionally that a person of wealth will discontinue the service of one dentist in favor of another. The dentist who locates in a suburb composed of wealthy citizens must be reconciled to the fact that he will have a long period of "waiting" ahead of him, and he must have sufficient funds not only to carry him through such a period, but also to allow him to keep up his end socially.

To serve in a scientific manner, and to give complete satisfaction to just one wealthy patient will almost immediately bring others, providing the dentist's personality, his office and its surroundings are such as to draw favorable comment from

such patients. The dentist who would draw these patients to him must of necessity be located in the best office building in the suburb, or in a bungalow office. It has been noted that dentists who are most successful in catering to this class of patient are usually located in bungalow offices, which are situated in an exclusive section of the suburb.

In connection with making a community analysis of the exclusive suburb, we would suggest the same as listed under Classification No. 2.

Large Cities

Every large city offers to the dentist advantageous locations, providing he knows how to recognize the good from the poor. This should not be a difficult matter, if a careful analysis is made of those which seem the most likely, and through it select the one which offers the greatest number of opportunities. A consideration of the following points will assist in making a "scientific analysis."

Residential Section

No doubt the middle class residential section offers the quickest returns for the dentist, especially the beginner. In it acquaintances are more easily formed than in the business section, or even in those residential sections made up principally of the wealthy. Prestige is more quickly established, because the dentist will be drawing patients from a small area, which means patients through recommendations providing the service he renders is pleasing to those coming to him. In these sections, providing dentists are not too numerous, a mere window, door or porch sign will create comment in the neighborhood. As a result of it he will draw patients from the very beginning, especially women and children, principally because it is more convenient for them than if they have to travel a considerable distance to a dental office. Children need not be kept home from school in order to get dentistry, and women will patronize the neighborhood dentist because it will allow them to return to their homes long before their children are expected from school or the head of the family returns home for dinner. This convenience is not always possible if these patients are obliged to leave the neighborhood for dentistry. In residential sections a dentist can make

or break himself in the beginning depending entirely upon his personality and the service he renders.

The class of neighborhood in which a dentist would locate will depend entirely upon himself. In some, the population is made up of foreigners, plus their American-born children. Again the population of foreigners and Americans may be evenly divided. If an investigation proves that foreigners are in the majority, then it should be determined if they are of a nationality which can appreciate good dentistry and are willing to pay a fee commensurate with the service rendered, or if it is possible through educational measures to bring them, in time, up to a proper standard. The fact that foreigners are in the majority should not be held against the neighborhood, if they are of a nationality known for their thriftiness, interest in their families, determination to own their homes, and have the qualities which go to make up good American citizens. Usually the dental fees in these neighborhoods are at their best only nominal, but this is offset by the fact that the dentist's overhead is much lower than in neighborhoods where fees are higher. The low fee is further offset because these people almost always pay cash in advance for dental services, or as the work progresses. This virtue cannot always be claimed for those neighborhoods where fees are higher. The neighborhood in which Americans are in the majority always makes for a good location and practice, because dentistry with these is a popular subject.

The types of buildings in residential sections in which the dental office is to be located are store buildings, apartment houses and residences.

Store Buildings Located on Corners

These are two or three stories high. The stores are usually occupied by druggists, confectioners, milliners, haberdashers, hardware merchants, notions, delicatessens and groceries. This type of building makes for an ideal location, because usually it is centrally located in the community and draws people to it. The second floor is the proper office location, because the window signs can be easily seen from the street and this makes for publicity. The dentist will be wise in having his office located on the street side in preference to having it face into a narrow court or overlook an alley. Aside from

being narrow and dingy, these courts do not afford proper ventilation for the dental suite. Alleys in back of store buildings are usually disorderly, in addition to being noisy, etc.

In the absence of an elevator, the third floor of the buildings described should be avoided. Patients these days do not like to climb stairs. However, if the building has an elevator, the third floor should be a second choice, providing the dental suite can be located overlooking the street. To have it overlook an adjoining flat roof upon which may be hung the family washing, in addition to being a dumping place for odds and ends, detracts from the dignity of the suite.

Apartment Houses

Providing it is properly located in the neighborhood, the apartment house often makes a desirable location. The rental of an apartment for the dentist can be brought to a minimum providing he has a family which will use the unused portion of the apartment for living quarters. This can be arranged after a proper planning of the dental suite has been effected. If the dentist is minus a family, it is advisable to sub-let the balance of the apartment to a small family of adults.

The character of the tenants in the apartment house should be carefully investigated so as to make sure that they are of a calibre beyond reproach. The reputation of the apartment house must also be investigated, so that the dentist may be sure that its name on his stationery will not besmirch his prospects for building a practice made up of reputable patients.

The apartment house should be located, if possible, in close proximity to a store corner, as well as to transportation facilities, etc. If its location is advantageous, and the investigation proves that its name and the character of its tenants are reputable, then the dentist should try to locate his suite on the first or second floor, facing the street, because he must have window signs in addition to a sign in the main entrance hall. Many people might not expect to find a dentist in an apartment house, and for this reason he should display a sign from his windows. If the apartment house affords elevator service, the third floor would also be desirable. Locating above the third floor will depend entirely upon the neighborhood, and also the size of the apartment house. If apartment houses in the neighborhood are numerous, as well as

big in size, and providing a telephone operator is located in the main vestibule, then in such cases a location on the upper floors *might* prove satisfactory.

The main entrance vestibule or hall of the apartment house should have an attractive and inviting appearance, as well as the upper hallways. Noise and odors of cooking should not be in evidence. The dentist will do well to note these points upon his first visit, because they will help him determine the character of the house at first hand.

Residences

In certain sections of the country, especially in states located along the Atlantic and Pacific coasts, dentists and physicians seek a residence in which to establish the office suite. This is particularly true in neighborhoods where everything tends to exclusiveness. There is no doubt but that the private house affords seclusion for the dentist and his patients in a greater measure than the office or store building, as well as the apartment house. However, the rental of a good looking residence is a heavy burden unless the dentist can sublet the space not needed to desirable tenants, or if he has a family to also make it his home. However, in that event he must have an absolute dividing line between his office suite and that part used by his family or tenants. By a dividing line we mean such an arrangement that will set the dental suite entirely apart from the rest of the house. He must have a distinct understanding with his tenants or his family not to enter the dental suite except on urgent business. To avoid any confusion along this line, it is best to have a separate entrance to the dental suite for patients and a side entrance for members of the family.

It perhaps is needless to say that the house should be kept up to best advantage. One sadly in need of a coat of paint will not promote a good impression, at least from an outside viewpoint. The lawn and shrubbery must not be forgotten. In fact, everything must be done to give the house and grounds that distinctive touch which not only invites favorable comment, but also impresses those patients who seek exclusiveness.

In connection with locating in a given neighborhood of a large city, the following analysis should be made, the explana-

tions for which can be found under duplicate headings as listed under "Small Towns and Rural Districts" as well as "Suburbs."

What is the total population of the neighborhood you expect to serve?

Of the total population, what is the percentage of American and foreign born?

How many dentists are already established in the neighborhood?

Of the total number, how many have modern offices?

How many have been located less than a period of 5 years?

How many have been located from 5 to 10 years?

How many have been located for a longer period?

When deciding upon a neighborhood, the dentist should not be influenced for or against it by the number of dentists already established. It might appear in some neighborhoods that there are more dentists than the population can support. Whether this is true or not can only be determined by an analysis of each dental office and the quality of service which it renders. If all of the dentists have modern offices and their services are on a par with them, and providing all things are equal with regard to ability, personality, honesty, enthusiasm, diplomacy, etc. etc., and it has been proven that about half of these dentists are only enjoying a nominal practice, then it might be an indication that there are more dentists in the neighborhood than can be properly supported by it.

If the investigation proves that only a few of them have modern offices, plus the requisites as mentioned in the foregoing paragraph, and that those dentists are enjoying a good practice, then it would be a good neighborhood in which to locate providing the others already located who are not making good have offices other than those expressing modernity, and lack the necessary requisites already referred to.

Are dental fees in this community small, medium or large?

Is the neighborhood public-spirited?

What percentage of homes are owned by residents?

What is the average value of residences which are owned by the occupants?

The average value for homes in the neighborhood will depend entirely upon the class of residents. If the neighbor-

hood is made up of laborers, skilled mechanics and such others as are employed as clerks in stores, etc. etc., with an average yearly income of \$2400, then the average value of residences owned by the occupants should be not less than \$7500. If your investigation proves under the foregoing conditions that values are less than this amount, it would indicate a failing neighborhood.

If the neighborhood is made up of the middle class, whose occupational pursuits are those of skilled artisans, salesmen, professional people etc., whose salaries range from \$3000 to \$7500 per year, the average value of residences should be about \$10,000. If the average proves considerably less, it would indicate an unrestricted neighborhood, with the possibility of it being on the downward trend.

What percentage of the population are renting residences and apartments?

Are there evidences of many vacant residences and apartments?

Condition of store buildings, store windows, apartment houses, residences, streets and lawns.

Public School

Is it in close proximity to the neighborhood?

If so, what is its progressive status—that is, does it have a Parent-Teacher Association?

Are the pupils occasionally addressed upon important subjects by members of the Chamber of Commerce, Rotary Club, etc., etc.?

Are socials frequently held within the school building for parents of pupils?

Are the principles of mouth hygiene being taught the pupils?

All of these things, if in evidence in the public school, would indicate an intelligent and progressive neighborhood.

Things to Look for In Connection with a Preliminary Analysis

Every live neighborhood should have somewhere in close proximity to it the following stores. The modernity of the stores themselves, together with the merchandise carried, will depend entirely upon the class of people predominating.

Candy and Confections.
Drugs.
Picture Theatres.
Notions.
Groceries.

Delicatessen.
Millinery.
Churches and Schools.
Library.
Haberdasher.

Main Business Sections of Large Cities

Occasionally we hear of a dentist—perhaps a newcomer to a large city, without a friend or patient in it—who has located in a large building in the main business section and has made good. Upon investigation we find that such dentists usually locate with sufficient funds to carry them over long periods while they become acquainted with a select class of people. There is nothing secretive about their success. In fact, any dentist who is financially able to carry the overhead of an office in the main business section over a period of months without a penny of revenue can be just as successful, providing he is alert to opportunities offered daily in attracting patients.

Aside from being able to render scientific service in the proper environment, and possessing all of the requisites as mentioned in the first section on "Law of Supply and Demand and Factors Affecting It," he must bubble over with his enthusiasm for dentistry, in addition to being a good mixer. He must be able to make friends with every person he meets, without first stopping to draw a line of class distinction. His method of building a practice should be upon the basis that every man, woman, and child is his friend. This must not be surface evidence, but must radiate from his heart. The cigar clerk, the elevator starter and operator, the barber, neighbor tenants to his office, guests at the hotel as well as the clerk (if his living quarters are such), or the neighbors in the apartment house in which he might live—all of these must be attracted by his winning personality, his sincerity and his ability to make and give lasting good impressions.

He must be financially able to go to places where he will meet the class of people whom he would desire as patients. People must take to him sufficiently to unhesitatingly invite him to attend various meetings given by business men's associations, where he will again meet others who will be interested in him further. Churches and their social activities, as well as fraternal organizations—all of these should come under this dentist's survey. If he is a master in operative

technique, he should let his talents be known to members of the dental society, and never miss an opportunity to read a paper, if invited, or to enter open discussions, especially upon subjects he is thoroughly familiar with. This will impress his confreres, especially those who have a continual overflow of patients. Frequently the busy downtown dentist will send referred patients to the newcomer, if he has proven himself with the dental society, and has given evidence to its members of his whole-hearted spirit of co-operation and his desire to serve. All of these things go to make up a practice, and the dentist who would ignore them had better be satisfied to first locate in a small community or residential section, and build a practice sufficiently large so that he may be sure some of it will follow him to the main business section when he is ready, thus giving him at least some assurance of having patients to start on in the presence of a continual heavy overhead expense.

The majority of dentists located in the main business section of a city first established a practice in the residential or outlying districts. As a result of a large general practice, brought about through years of faithful effort and an ever-increasing demand for their services, these dentists come to have a yearning for a limited practice, retaining only their best patients and eliminating those not so desirable. As the goal of a limited practice cannot be attained in the location where the dentist established himself in general practice, he must locate in the type of building where he cannot be reached or called upon by patients during hours other than set aside for rendering dental services. Some dentists find that many of their best patients have to pass through the main business section in order to reach the dental office, which may be located on the opposite side of the city from that in which these patients live. In such cases, in order to hold these patients, dentists find it necessary to locate in the main business section, thus making it more convenient for these patients, in addition to giving the dentist an opportunity for a controlled practice.

There are other dentists who find that a majority of their patients are employed in the main business section. To expect these patients to patronize the dentist located in an outlying

residential district is thrusting a hardship upon them, and so as to make it more convenient, aside from the assurance of holding these people, such dentists will be wise in locating in the business section.

All dentists appreciate the advisability of locating in the main business section when discontinuing a general practice in favor of a specialized one. Such dentists have to depend to a great extent upon their confreres for referred work, and therefore it is necessary for them to locate where it is most convenient for these confreres and their patients. In short, people from all sections of the city come to the business section with some frequency, and this therefore opens a large field to the dentist located in it, providing he has a certain amount of established practice to go on.

Where to Locate in the Main Business Section

A location should be sought in that section noted for its exclusive retail shops. As a rule, professional buildings are also located in these districts, which all in all tends to make up a genteel retail section, and recognized as such by the city at large.

Any observer will note that the best of various retail lines will group together at a given point in a business section. This is also true of professional talent, and therefore a dentist should try to locate among a group, or in close proximity to a group of dentists and physicians noted for their ability, and who have succeeded in popularizing that section in which they are located as containing the best talent which can be obtained.

The professional building offers advantages which are not found in ordinary office buildings. These are genteel environment, professional atmosphere, dental and medical libraries, professional club rooms, cleanliness, quietness, seclusion, desirable neighboring professional tenants, convenient short-notice professional consultations, both dental and medical. Aside from these, the suites are usually properly planned, plus the many requisites which go hand in hand toward proper dental office planning. Professional buildings are usually attractive, and provide such other impression-making features as efficient and noiseless elevator service, building employes dressed in uniforms, light, airy and clean corridors, and convenient parking areas for automobiles.

Office Buildings

Many of them contain desirable office suites for the dentist, and may be looked upon with favor providing the building is located on a busy corner or street commonly known and easily accessible to transportation facilities. Offices in these buildings were not originally designed for dentists, and therefore space should be selected with the thought of being able to incorporate all of those necessary features which go to make up a modern dental suite. The agents for these buildings usually balk at the many changes that a dentist requires. However, most of them can be made to see the light by suggesting a five or ten year lease. Before signing a lease covering a period of years, however, the dentist had best make a careful analysis with regard to the trend of the retail business in that section in which the building is located, the class of people daily passing the building and the status of the tenants within it.

Observation will tell whether the retail stores located within a block or two either way from the building are of a class attracting the more discerning retail shoppers. This can best be proven by not only observing the people who go in and out of the stores, but also by the attractiveness of the store windows, as well as the quality of goods on display.

A further step should be taken by entering the various stores so as to observe their modernity with regard to display cases, stocks and the type of clerks employed. If it appears that the best stores in the group seem crowded for space, and if this can be brought out through conversation with some of the clerks as well as the floor man, then it might be reasonable to believe that some time, perhaps in the near future, these merchants will vacate to other quarters where they will have an opportunity for expansion which might not be possible in their present location. If this is true, then there is a possibility that the next merchant moving into the store will carry a cheaper line of merchandise, which will appeal only to a less desirable class and if several of such merchants should succeed in entering the business block, it would tend to put the section on the downward trend so far as the professional man is concerned.

The dentist who expects to cater to a genteel class of patients should consider that they are not apt to come to a building

located on a street where evidence points to a low standard of pedestrians. On the other hand, if it is a mixed class of people passing the building throughout the day, it would be a point in its favor, although not as promising as when observation proves that the majority of the people are of the middle and wealthy classes.

The status of the tenants in the building should be carefully defined, and particularly those located on the same floor considered by the dentist. If the building is noted for its employment agencies, loan offices, justice courts, etc. etc., it will probably not be a building to which a dentist would care to invite his patients. On the other hand, if the tenants are made up of lawyers, physicians, dentists, hair dressing and manicure parlors and small exclusive shops, then it will probably be a good building in which to locate, providing the entrance to the building and the corridors, as well as the rooms themselves, are light, airy and clean. It perhaps is needless to say that an unattractive entrance, as well as dark and dingy corridors, do not make for a pleasant environment for tenants.

The elevator service should be frequent and efficient, and the building employees, such as the elevator starter and operators, should be dressed in uniform. The better office buildings, catering to a mixed class of tenants such as lawyers, physicians, dentists, real estate, osteopaths, oculists, insurance, building associations, etc. etc., and exclusive shops under which can be listed children's wearing apparel, ladies' wearing apparel, jewelers, opticians, hair dressing and manicure establishments, milliners, etc. etc., usually segregate all of these tenants according to class. The first few floors are reserved for exclusive shops. A floor is set aside for lawyers, real estate, insurance, etc., and the balance of the building perhaps for dentists, physicians, osteopaths and oculists. If the building which is being considered as a location has this arrangement, it would be a point in its favor. However, if all of the tenants as listed in the foregoing are scattered throughout the building, so that a physician's office may be next to a hair dressing establishment and a dental office immediately adjacent to a jewelry shop, it would indicate that the building is being poorly managed, and that it is anything but up-to-date.

SECTION III

Ethical Publicity

A DENTIST cannot avail himself of the same publicity methods used by those engaged in commercial pursuits. He cannot talk about his ability as a dentist. Neither can he sit in a modern dental office and wait for patients to come to him. Whether patients come to him or not, his expense goes on just the same and it is therefore necessary to leave nothing undone in an ethical way that might help to bring patients to the office.

When a patient consents to have a dentist do her work, he should be sure to give her a thorough understanding of the very high class work which he is about to do for her. She should be so enthused with his health talks and what she is to get in the way of actual work that she cannot help feeling that she is getting the best, and will go out and advertise this fact to other people. The mistake most dentists make is doing the work for the patient without saying anything about it to them. It makes no difference how fine a piece of work a dentist places in the patient's mouth, if he does not tell her anything about it, the patient will never know of its virtues, except perhaps, that it is giving her satisfaction, from the viewpoint of mastication. This is not enough for her to know because otherwise it may be hard for her to reconcile the fee with the work performed.

Perhaps this same patient, if told all about the work and just what it will do for her in the way of improving her personal appearance as well as her health; increasing her efficiency generally and an explanation of minute mechanical refinements, will enthuse to the extent of going out of her way to laud the dentist's praises. To have a patient make the following remark to her friends is the finest kind of advertising and cannot be bought with money, "Dr. Jenkins is my dentist. His fee is somewhat higher than other dentists' fees but his work will stand the most rigid kind of inspection. He gives his patients minute, close attention and the result is certainly worth the fees he charges."

There is another important subject the dentist must take into consideration in the ethical advertising of his practice. That is—proper stationery. It is highly important that this stationery bear the ear marks of refinement with regard to the wording, style of engraving or printing and the quality of the paper. Let it be distinctive, which usually invites comment.

When a patient sends one of her friends to the dentist, it is important that the dentist write her a letter of gratitude stating that Mrs. Smith came to his office at the suggestion of Mrs. Jones and that he is glad she came because she has proved to be a very remarkable patient. It is also well for the dentist to write Mrs. Smith when he has finished the work, stating that he hopes the service he has rendered has proved up to her expectations and that he has tried very hard to do his best for her so that she as well as Mrs. Jones could feel that the recommendation was well founded. The one big thing that is accomplished through this procedure is that when Mrs. Smith and Mrs. Jones get together, they will talk about the dentist and both will know that the dentist had the interest of each at heart.

A dentist can secure ethical publicity by becoming a member of a good business organization. This connection, however, will not do him much good unless he becomes active in the organization and takes an interest in it. If invited to give a talk, he should never lose the opportunity to do so.

If there is a Public School Clinic in his city, he should be an ardent worker in it and give every consideration to those little patients who are so receptive to kindness and who will talk about this kindness in their homes. It must be remembered that the parents of these little patients usually have a place in their hearts for those who are kind and considerate with children. This, too, will be ethical publicity.

He should be most anxious to meet people and he must remember that at each introduction as his name is mentioned, it means that much more publicity for him. To meet people in a gracious way, so that they will remember him, is one of a dentist's big assets. The dental work in his mouth which might be viewed by people when he smiles, should be of the very best, for the reason that when he is being introduced as

a dentist, people subconsciously look at his mouth and it should be suggestive of good dentistry. Glaring gold crowns, discolored fillings, and mismatched porcelain crowns should not be in evidence in the dentist's mouth.

A certain amount of ethical publicity can be gained through cultivating the professional friendship of physicians. A dentist should never lose an opportunity to exchange scientific thoughts and ideas with a physician. Even at this late day only a very small percentage of the medical profession look upon dentists as being able to help them in their problems. The medical profession, as a whole, has come to believe that they alone are scientific and that the dental profession is only following their teachings. Much of this attitude can be gracefully eliminated if dentists will completely co-operate with physicians.

A good physician will enjoy talking along scientific lines to the dentist and the dentist in turn can accomplish much good for himself with that physician if he is prepared to converse in as equally a scientific way. This gains the respect of the physician and because of it he will be convinced that he is secure in sending this dentist his referred work.

The right type of dental nurse can also aid the dentist in ethical publicity. She should have a good set of teeth. She should be not only well groomed in the office but also on the street. If she is of the type that her refinement of poise, manners and character command attention, people with whom she comes in contact socially will naturally inquire as to her business or profession. To have her pointed out as the nurse for a certain dentist gives him further ethical publicity because people will naturally associate her refinement with the dentist and the office with the result that they believe that two of such a kind naturally go together. They will, because of it, seek the dentist's services believing that these services must be distinguished.

Window Signs, Their Value, Wording and Style of Lettering, and Where Indicated.

In certain communities, and provided a dentist is not located above the third floor of a building, window signs undoubtedly have an advertising value. If a dentist is located

in the residential section and especially on an intersection or transfer point, window signs are of distinct advantage to him. If he were located in a congested district with a foreign element predominating, then a window sign in different languages would be of a distinctive advertising value. If the dentist were located in a small town, window signs would be desirable because they would indicate his location to farmer patients who usually find the dentist's office through the medium of a sign. The farmer patients, as a rule, pay no attention to building numbers or the names of buildings. They find their way about town through the medium of signs, both commercial and professional.

Window signs are always indicated in a residential section. However, care must be exercised in selecting a proper window sign so that it will be in keeping with the general character of the neighborhood. Our suggestions for residential locations would be a piece of milk-white glass in about a six-inch width. This glass is to extend the full width of the window. It can be fastened to the window frame itself or hung on two fine chains or silk cords. If the dentist were located on the first or second floors this glass might be mounted on the window sill extending the full width of the window. In this way it would not only act as a sign but also as a means of preventing a direct draft on the dentist and patient during such seasons of the year when the lower half of the window is raised for ventilation. Fastening the sign on the sill would not be practical above the second floor because it could not be seen from the street.

The lettering on the milk-white glass should be two-inch Gothic in black. In residential sections lettering should not be placed directly on the window pane for the reason that this procedure usually cheapens the character of the window.

As a rule, window signs are not indicated above the third floor in a business section and this because they cannot be seen from the street. However, there are exceptions. If a dentist's windows were facing a large office building, then perhaps window signs would have an advertising value. However, if there were no large buildings, particularly office buildings, on the opposite side of the street, then window signs would be contra-indicated regardless of a dentist's location.

A window sign should always be placed on the lower half of the window so that it will not interfere with the angle of natural light which is so valuable to the dentist in operative work.

It can be truthfully said that a gaudy display of window signs cheapens a dentist's practice. Such signs would indicate to exacting patients that the dentist no longer appeals to an exclusive practice. A gaudy sign or one poorly chosen as a rule, attracts undesirable patients. The dentist in making his sign selection, should do so with the thought of making it possible for the recommended patients to locate the dentist without unnecessary inquiry.

Announcement Cards

The value of a distinctive announcement card as a patient producer can hardly be realized, but increases in practices due to their use have proven them an asset to the publicity methods of the dental profession. An announcement may be classed as a form of publicity but can not be accepted as an advertisement because of the fact that it is printed in keeping with professional ethics and is not distributed to a mass.

An announcement card is the means by which a dental practitioner brings to certain people the understanding that he is engaged in the practice of dentistry.

The average dentist, when opening an office, usually distributes announcement cards promiscuously and therefore does not receive the returns or results that he is rightfully entitled to.

It is often possible for the dentist to secure from his patient who is not only well pleased with the services rendered, but who also is interested in furthering the success of the dentist, the names and addresses of the patient's most intimate friends, to whom the dentist can send his announcement cards. But, to give the announcement a human touch, the satisfied patient's signature should be procured whenever possible. If asked in a diplomatic and tactful manner a patient will gladly autograph a few of a dentist's announcement cards. The prospective patient receiving an autographed card has in all probability been aware of the fact that he, or she, requires dental service. This makes it possible for them to communicate with the friend whose name is signed to the announcement. The verbal praise

which they receive of the dentist's qualifications will naturally attract them to him.

However, when it is not possible to secure prospective patients' names and addresses from satisfied patients we advise the careful selection of patients through personal contact with societies, church functions, clubs, lodges, etc., in preference to mailing the cards to a list of names of people who are not acquainted in any way with the dentist. Mailing announcements to a mass is wasted effort and money to say the least, and the results obtained through this haphazard method are practically nil.

The two following reproductions are suggestions for an announcement card:

DR. EDWARD P. STANTON

ANNOUNCES THAT HE HAS EQUIPPED A
DENTAL OFFICE IN HIS RESIDENCE, COR-
NER CHESTNUT ST. AND WEBSTER AVE.,
ROSEDALE PARK, N. J., WHICH HE HAS
OPENED FOR THE GENERAL PRACTICE
OF DENTISTRY.

The style of wording may, of course, be varied to meet your particular requirements.

For the quality of card stock we suggest three-ply Wedding Bristol with envelopes of Wedding Vellum. This stock has been found to answer all practical purposes and is reasonable

enough in cost to permit its general use. The size of $3\frac{3}{4} \times 5$ inches for the card is generally conceded as the best because

DR. BERNARD P. SAGE
FIFTEEN FORTY BROADWAY
NEW YORK CITY

PRACTICE OF DENTISTRY

the envelope can then be purchased from a standard stock size which will considerably lower the cost. The engraving should be of a plain face and in black ink.

Professional Cards

We have determined through observation that there is one size professional card more practical than all others. This size is $3 \times 1\frac{1}{2}$ inches. Our reasons for this are that when given to ladies it is not too large for the small sized vanity

C. A. H. SMITH, D. M. D.

MURRAY HILL
2819

CANADIAN PACIFIC BLDG.
342 MADISON AVE.

case often carried, and neither is it too large for the vest pocket or the average sized card cases carried by men.

Most of the professional cards which we have seen contain unnecessary wording. Small sized cards overloaded with words lose their effect and also appear too commercial. All that is necessary is the dentist's name and title, telephone number in the lower left-hand corner and the name of the building and street address in the lower right-hand corner. When "Dr." is placed before the name it would be considered bad form to have the name followed by a title. In this instance, however "Dr." before the name would not indicate whether or not the card represents a dentist. Therefore, it would be our suggestion to omit "Dr." before the name, adding instead "D. D. S." after the name. Never spell out the word "Dentist" on a professional card.

The card should be engraved on two ply plate finish Wedding Bristol in a plain face to permit easy reading.

Professional cards may be used advantageously when mailing announcements to prospective patients, by enclosing one with an endorsed announcement. The amount of new business indirectly attributed to this method justifies the small expenditure which is affected.

Courtesy Cards

By a dentist's "courtesy card" is meant a card properly filled out by the nurse and signed by the dentist to be sent to a physician or dentist who has referred a patient to him.

It should be mailed by the nurse on the same day that the patient calls at the office and it should be sent regardless of whether or not the patient contracts for dental services.

The following reproduction has answered the requirements of a conventional courtesy card, and we recommend it as it is concise and to the point, a feature that is a requisite in handling professional correspondence.

For the size of these cards we recommend $4\frac{1}{4} \times 3\frac{1}{4}$ inches, for the reason that it permits plenty of room for the matter going on the card and is a size that can be mailed in regular correspondence envelopes.

Two-ply Oxford Wedding Bristol makes a very pleasing courtesy card and it is best to have the card engraved in a

plain letter face, because the receiver may be influenced to a large extent by its attractiveness. Engraving in a distinctive letter face seems to carry an impression of efficiency and pro-

DR. _____

PERMIT ME TO THANK YOU FOR HAVING REFERRED

TO ME FOR DENTAL SERVICES.

VERY TRULY YOURS,

gressiveness and for reasons previously mentioned in this volume, you should endeavor wherever possible to create this impression.

Courtesy Letters

There seems to be a difference of opinion as to whether a courtesy card should be sent to patients, who refer their friends to a dentist. It is our opinion that the courtesy cards spoken of and illustrated above are too formal for patients. We suggest sending instead a typewritten letter, using regular office stationery and signed by the dentist personally. A suggestion of such a letter is as follows:

Mrs. A. H. Rudger,
2025 Broadway,
Rochester, N. Y.

Dear Mrs. Rudger:

Permit me to thank you for your courtesy and confidence in having referred to me for dental services, Mrs. J. C. Scott.

Very sincerely yours,

At the conclusion of the work it would be proper to write Mrs. Rudger another letter somewhat as follows:

Mrs. A. H. Rudger,
2025 Broadway,
Rochester, N. Y.

Dear Mrs. Rudger:

Permit me to thank you again for having recommended my services to Mrs. J. C. Scott.

I thought you might be interested in knowing that her work has been concluded. Mrs. Scott has proved herself an admirable patient.

Very sincerely yours,

The foregoing procedure is a most inexpensive way to show appreciation and, in this instance, the last letter serves two purposes, first, that of making final acknowledgement to Mrs. Rudger for her confidence in recommending the dentist's ability; second, when the two ladies meet, Mrs. Rudger will no doubt tell Mrs. Scott that Dr. Jones wrote her what an admirable patient Mrs. Scott proved to be. This assures them both of the sincerity of Dr. Jones and acts as an incentive for both patients to recommend him further.

Holding and Cultivating Acquaintances and Developing New Friendships

The dentist who can make acquaintances readily and cultivate the desirable ones into genuine friends is the possessor of an invaluable asset.

The dentist, in his daily life, should recognize the necessity of separating his professional duties from social activities. In his office he must give the impression of a man who is the promoter of health, of the high professional ability, and who has at hand practical means for the relief of suffering patients. In his office he must also be reserved, but not to the point of making people feel that he is cold and unsympathetic. His reserve and manner of talking directly to the point are brought about through concentration of thought, prompted by a sincere desire to serve his patient in the most scientific manner. To do this he cannot engage in varied conversations, aside from dentistry, with his patients. To carry himself during office hours as a man who has become imbued with the spirit of a

noble profession, brought about through years of intensive study and training, will automatically prohibit the unthinking patient from trying to take advantage and liberties or asking for special favors. Dentists who do not give thought to this part of their professional life—namely, office conduct—are always hampered with patients who, because of their acquaintance with the dentist socially, feel that he will grant them special favors, most of which are unreasonable and unfair not only to the dentist, but to his other patients as well.

It has frequently been noticed that the young dentist, who finally locates for practice in his home city, is surrounded with many of his old acquaintances who remember him as he was prior to attending dental college. If the young dentist does not practice reserve and act strictly professional while in his office, these old acquaintances are not apt to take him seriously. Instead of addressing him as "Doctor," they will call him by his given name or "Doc." They will never hesitate to make his office a rendezvous for gossiping and for killing time. If he does not nip these assumed privileges in the bud, it will not be long before his male acquaintances will introduce the smoking habit in his office, and usually at a time when some good prospective, sensitive patient is apt to pay him a visit to talk about dentistry. An office conducted on a strictly professional basis and in a professional environment commands respect, and will not be used as a rendezvous by otherwise unthinking associates and friends.

The young dentist, who locates as a total stranger in a city or town, will not at first be handicapped by old acquaintances. However, it seems second nature for certain undesirable types in every community to seek the friendship of newcomers because, as a rule, they have been discarded by those who have lived in the community. The new dentist is carefully watched by the better element of citizens before they will show a willingness to patronize him as one of their class. For this reason the young dentist's office conduct must be beyond reproach, and he must be careful at all times to impress those who visit his office with his high professional ideals, environment and the fact that he is on hand to serve in a strictly professional way those who come to him. Many of the older practitioners have learned these principles only after a long period of innocent

mistakes, which, after they have happened, have only been corrected through resolutions for firmness and a housecleaning of the undesirables, both professionally and socially. People, especially in the smaller communities, do not easily forget even innocent mistakes. The strictly professional conduct, which also involves a certain reserve, acts as a barrier against those who would become unduly familiar or take undue advantage of the dentist's friendship.

The other side of the dentist's life involves his conduct away from the office or, in other words, his social activities. In them he must completely discard his professional reserve, and in place of it exhibit gladness and appreciation for opportunities to fraternize socially with his fellow citizens. To carry a reserved attitude in social life is apt to give people the impression that the dentist is egoistic, and this opinion, if generally held, is apt to make him a back number and eliminate him from many social functions.

The dentist should never refer during social affairs to his profession. Neither should he state that he is a dentist unless he is asked to do so. Frequently at these social affairs, when people learn they are being introduced to a dentist, they delight in trying to get him to talk about his profession. In such cases, and only when there is no alternative, the dentist should never hesitate to talk about the achievements of his profession as a whole, but never about himself. He should not allow himself to be drawn into a discussion of some one individual case, or to comment, except favorably, upon the work which some other dentist in the community is doing. If a person deliberately tries to force him into a diagnosis, or to pin him down about specific facts as regards his individual case, he should be firm in telling him that he will be pleased to discuss the matter in detail and to give a diagnosis if the patient, at some future time, will call at his office or phone for an appointment.

His conduct in public, or in fact anywhere, should always be that of a thorough gentleman, never over-indulging in any one thing. Socially he should go out of his way to make people like him, but he should be cautious about any conduct which smatters of being overbearing or patronizing.

The foregoing principles, if practiced, will make out of old acquaintances better friends. They will also draw new acquain-

tances to the dentist that will soon blossom into real friendships, both socially and professionally.

Satisfied Patients

A new patient usually comes to the dentist through the recommendation of some friend. However, it must be remembered that, to most of the laymen, dentistry involves not only something mysterious, but is very apt to include unpleasant experiences. It is safe to say that every new patient comes to the office accompanied by a certain skepticism, which it should be the dentist's first duty to try to dispel. If the dentist is fully equipped and prepared to do all classes of work coming to a general practitioner, and if these things are apparent to the new patient, the skepticism which the patient may have is quickly eliminated. However, if the dentist is not fully equipped to take care of the patient's needs, aside from such cases as may rightfully be turned to a specialist, then the patient is apt to feel misgivings for having accepted a friend's recommendation.

Sending patients to a specialist for certain operative work, if not really indicated as a specialist's problem, is rejecting a certain percentage of ethical advertising. For instance, with the average new patient the first step in the right direction would be the taking of radiographs. If the dentist is equipped to do this work, the patient is convinced of the modernity of the office and of the dentist's ability to serve. If, however, the dentist must request the patient to first go to another office for radiographs before an intelligent diagnosis can be given, the patient might feel that his time is being belittled, and, in addition wonders what the dentist will get in return for the money he is causing the patient to spend elsewhere at his bidding. No doubt other dentists in the community are equipped to take x-ray pictures, which the patient in question may know about. The impression he will get because of it is that, even though the dentist was recommended by a friend, he is not equipped to do the work.

Some dentists take pride in stating that they will not be bothered with extractions. The general practitioner makes the mistake more frequently than is realized of sending a new patient to an exodontist for extractions which are simple in nature. The general practitioner should support the exodontist

by referring work involving impactions, or in such cases where a number of teeth are to be removed or where the operation requires the removal of deep-seated and broken-down roots. When the case involves the removal of two or three teeth, which the radiograph proves will be a simple and normal operation, the dentist should not send such cases out, because the patient might believe that, aside from not being equipped to do the work, the dentist's knowledge of it is limited. This makes the new patient question whether the recommendation given by a friend was well-founded.

Those dentists who are continually referring patients to specialists for work which should really be done by themselves are inviting adverse advertising from new patients. A few such patients can undo the advertising which a dozen satisfied patients might give the dentist. Most successful practices have been built up because of satisfied patients. Therefore, a dentist should do everything consistent to gain as many satisfied patients as possible, because they will be the medium for many more new patients to come. A patient should not be allowed to leave the office unless complete satisfaction has been given. Sometimes it seems entirely unwarranted to the dentist to do over work with which a patient is not satisfied, even though it has been worn for some time. The removal of a discolored silicate, and its replacement with a new one more evenly matched, without charge, seems a hardship to the dentist at the time, but he never knows but what that patient will be the means of repaying him for it a hundredfold by sending new patients to him. The dentist may select porcelain facings for a bridge with the greatest of care so far as shades are concerned. The translucency of some porcelains after they have been backed up or cemented to a bridge changes the original shade to some extent. Some exacting patients will immediately detect even a slight mis-match, and, since some patients imagine that what they consider an off shade takes away from their appearance, the dentist had better replace such facings, even at his own loss, in order to give complete satisfaction. It must be remembered that patients with a new denture, piece of bridgework or silicate, which has just been placed in the mouth where it can be readily seen by friends, are going to have the work commented upon, either favorably or

unfavorably. A patient may leave the office entirely satisfied, but this state of mind may soon be undone by other persons in cases of even slight mis-matches of porcelains. Sometimes a patient may return with a complaint after the work has been in the mouth for several weeks. The dentist will be promoting favorable ethical advertising for himself if he gives such a patient complete satisfaction, even if at a loss to himself.

The work which the dentist places in a patient's mouth should be a monument of his ability as a dentist. Therefore, favorable comment not only from the patient, but also from members of the patient's family and friends, is the best ethical advertising that the dentist may enjoy.

Letters for the Advancement of Dentistry

Dentists, as a whole, overlook golden opportunities for the advancement of dentistry in the letters which they might write, at a time when convenience will permit, to patients, groups of people and various organizations.

When a difficult case has been completed, the dentist usually concludes it with instructions for mouth hygiene. The patient promises to carry out these instructions to the letter. It is not long, however, before the patient is apt to forget these instructions, and the dentist, between periods of periodical examinations, could prove his genuine interest in the patient's welfare by writing a letter once every three months, calling attention to the instructions which were given to the patient during the last appointment. The wording of the letter depends entirely upon the educational and social status of the patient. It must be written in such a way as to eliminate any possible offense, and must not give the patient the impression that the dentist is trying to be dictatorial. If professional terms are embodied in the text of the letter, they must be such that their meaning can be grasped by the patient. This procedure convinces the patient that the dentist is interested in wanting his work to give complete satisfaction, and also that he is interested in his patient aside from financial remuneration.

The dentist can accomplish much good for his profession and himself by writing occasionally to his children patients. The average child up to twelve years of age has had rather unpleasant experiences in the dental chair. Rather than have the child feel, through force of circumstances, that the dentist is

his enemy, he should try to cultivate the child's friendship. Children quickly forget the instructions for mouth hygiene which the dentist gives them. To help keep the child's resolution revived to care for his mouth, so that he will not have to submit to more unpleasant experiences in the dental chair, a letter, written so that it is easily understood, will do much for the child and the dentist. Children are natural advertisers, and they are usually believed by adults because they are naturally sincere and give full vent to their impressions. The type of letter to be occasionally written to the child depends upon his age. If he is very young—that is, five to eight years—the letter should be worded in childish terms. If the child is older, he will treasure the dentist's letter if its text is such as to convey the impression that the dentist looks upon him, more or less, as a rapidly growing up patient. The letters which a dentist might write to his children patients will also impress the parents. Such letters will convey the impression that the dentist is interested in the child from a health viewpoint, and because of it they will usually bring pressure to bear for the complete carrying out of the dentist's instructions. Letters to children patients should be addressed to the child himself, so that they may be likened to important mail which comes to adults of the family. This procedure makes the child sit up and take notice, and also makes him feel important.

Every dentist should give unselfish thought in trying to do something constructive to call the attention of the laity to the subject of dentistry. It is a duty that he owes his profession, and it is also a duty which he owes the laity. There are letters and papers that he could write, and in terms that the laity can understand, which would help dentistry very materially in his community, providing these writings were prepared in such a way that it would be apparent to the recipients that the dentist is not seeking personal publicity. A letter or a paper, setting forth the principles of mouth hygiene in its various phases, should be addressed to the principals of public schools such as grade schools and high schools, with the request that the writing be read to the various classes. Such writings, if they are really educational, are always welcomed by the heads of various schools, particularly so when they are convinced that the motive is unselfish and that, if heed is given by the recip-

ients to dental teachings it will prove of profit to them. If the dentist wanted to be thorough in his activities as regards schools, both public and parochial, his writings could be prepared in series so that one could be read before the various classes each month which, during the year, would cover a very wide educational field upon the subject of dentistry.

Almost every public school has its Parent-Teacher Association. The parents of the children meet at the school some one evening during each month. Sometimes these meetings are strictly social, and again, purely educational. The presidents of this association will welcome an educational paper on dentistry to be read before a gathering of parents. Such a paper should involve the proper care of children's teeth, and also those of adults, in addition to the meaning of "mouth hygiene." Educational letters or papers should be sent to the heads of orphan asylums. These institutions are very much in need of educational papers, and, because of it, would welcome such attentions from the dentist.

In large cities the dentist should appeal to settlement workers upon the subject of dentistry. If an instructive letter or paper were to be written in terms easily understood by the class of people to whom settlement workers have to cater, much good could be accomplished. The people sponsoring the settlement work would be most grateful to the dentist. The instructions which the dentist would write on mouth hygiene would no doubt be multigraphed by the association of settlement workers, who would probably carry copies and leave them with the different families where this type of instruction is most needed.

Most of the large business institutions, such as department stores and manufacturing plants, etc., have employees' welfare departments. The duty of these departments is to call to the attention of the employees the subject of health and the many things which go hand in hand in promoting it. They also sponsor the social activities of the company. The dentist can do much toward bringing the subject of dentistry to the attention of a given company's employees by addressing a letter or a paper to the manager of the welfare department, who will always be glad to post it on the bulletin board in either the lunchroom or reading room of the institution, or in such a

department where it will be seen and read by the employees. This procedure is certainly the first step in the right direction toward the possible establishment of an industrial dental clinic within a given institution.

In the smaller cities the local newspapers are always looking about for educational writings by local people. The writings which a dentist might get up would be a welcome contribution to the editor.

The first thought that the reader of this article will get is how all of these things can be done, and yet not exceed the limits of what would be considered by the Dental Society "ethical publicity." The dentist who is sincere in writing letters and papers for the advancement of dentistry will cheerfully eliminate his name from such papers, and, when sending them to the heads of the various institutions, will request that his name be withheld, principally for the interests of the ethics of his profession, and will state that the articles are being submitted with no thought whatsoever of personal publicity. If the dentist is sincere in wanting to promote the interests of his profession as outlined, ethical publicity will come to him and also new patients, because he will have gained the respect and esteem of the heads of those institutions and their associates. Such people will be sufficiently appreciative to further the interests of the dentist whenever opportunity presents.

Following are suggestions for letters to be sent to children of various ages. These letters should not be copied verbatim. They are simply illustrative. Each letter that is sent to a child must be written to apply to the individual case.

In each instance, however, regardless of the age of the child, the letter should be written with a direct appeal. Much of the value of it will be lost if it is not addressed to the child. In such cases where children are under six years of age, it will be expected, of course, that some member of the family, in most cases the Mother, will read the letter to the child. However, the letter should not be addressed to anyone except the child himself. The smaller children take great pride in receiving letters from adults. Even though it is necessary for some member of the family to read the letter to the child and explain those things which he, perhaps, cannot grasp, good will come of it not only because of the impression it will make on the parent,

but also because of the good things the child will have to say about his or her dentist.

Because most parents have trouble in getting the children in the habit of brushing their teeth, letters along the lines suggested will help them in this training problem. The older children will also be appreciative of attention given them through an individual letter from the dentist. In addition to reading it aloud to members of their family, they will also speak about it not only at school but among their friends, all of which tends toward ethical publicity for the dentist.

To a Boy or Girl under Six Years of Age

LETTER No. 1

Dear Little Patient:

A caterpillar, in order to develop into a beautiful butterfly, must first spin himself a house made out of silk, and which is known as a "cocoon." The caterpillar must remain in this little silk house for a very long time before his wings grow large and beautiful enough so that he may leave his house and come out into the open where everyone may admire him and say how beautiful his wings really are.

If, while he was staying in his little house, something terrible had happened to it, he probably could not grow beautiful wings. They might be so crooked that he could not be a real butterfly. Then everyone would be sorry.

When God gave you away, he placed way down deep in your mouth little, tiny teeth, which were to grow and finally come out so that everyone could see them. However, the purpose of their growing was to make a straight and smooth path for some companion teeth, which are also growing and trying to catch up with those baby teeth which you now have in your mouth. Pretty soon the companion teeth will get caught up, and then the baby teeth will have to make room for them.

Like the butterfly in its little silk house, which must not be damaged if the butterfly is to be beautiful, your baby teeth are trying to keep their companion teeth from becoming injured. If you do not brush your baby teeth every morning and every night, they will become soft and decay, and because of it cannot protect their little companions coming up behind them. Should your baby teeth come out before it is time, then the companion teeth will become injured and, like the butterfly's wings, will come out crooked and will not be so pretty to look upon.

The new teeth which will, some time soon, come in your mouth, are going to be just as beautiful to look upon as the

wings of big butterflies, but only if you will take care of your baby teeth which are now protecting and making way for the new teeth. Everyone loves to see children with pretty, white, shiny teeth. You, too, may have them if you will be very careful to brush the teeth which you now have every morning before breakfast and every evening before bedtime.

My good friends are all little children who brush their teeth clean, and I want you to be one of my good friends.

Your dentist friend,

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To a Boy or Girl under Six Years of Age

LETTER No. 2

Dear Little Patient:

Your mother will tell you that those children who sometimes are hurt by the dentist when he fixes their teeth are those who do not know how to use a toothbrush, or those who forget to brush their teeth. Since I have shown you just how to brush your teeth, I know you will not be a careless little patient.

To brush your teeth clean every night before you go to bed will help you to sleep well and have pleasant dreams. Sound sleep and pleasant dreams seem to make the night pass quicker and hasten the coming of the morning which, you know, will mean it is again time for play.

To brush your teeth clean every morning before breakfast helps you to start the day right, which means that your breakfast will taste so much better and that you will be happy at play all day long. Nobody likes to play with little boys or girls who are cross. When you do not brush your teeth clean, it makes you feel ugly and cross many times.

If you want to grow and be big and strong, you must keep your teeth clean. Otherwise they will get soft and hurt you, which will make it necessary for me to take them away from you and that will be very bad. You cannot grow strong and be big without teeth.

The next time you come to my office I shall know by looking at your teeth just how often you have brushed them. Everybody can tell by just looking.

Your dentist friend,

.....

To a Boy 8 - 10 Years of Age

Dear Bob:

The last time you paid a visit to my office you promised to brush your teeth at least twice a day in the way that I

taught you to do. I am quite sure that you are making good your promise to me.

You will remember the tooth on the left side of your lower jaw, known as a "molar," which gave you and me so much trouble in getting it properly restored. It is very important that you thoroughly brush this tooth, not only the side next the cheek, but also the back and the side next to the tongue. If you are careless about keeping this tooth brushed, then I am afraid that more unpleasant experiences will be in store for you the next time you happen to come to my office.

Carelessness with regard to brushing the teeth always results in toothaches. So far as I am concerned, I dislike to hurt my boy patients, because it makes me feel badly too, especially so when a thorough brushing of the teeth twice a day would have avoided the unpleasantness which usually accompanies the sick tooth.

Perhaps in a few years you will want to join the Boy Scouts. One of the first things the Scout Master will ask you is whether you have good teeth. It is important for a Boy Scout to have good teeth, because when he goes away to the summer camp it will be very bad to be away from his Mother and Father and have to lie awake nights with a toothache, with no dentist close by to stop it.

Do not forget that tooth on the right side of the upper jaw, known as the "first molar." You will remember it has a little place between it and the tooth in front of it where food can collect. Aside from brushing that tooth, do not forget, whenever you feel that particles of food are lodged in the space, to pull a piece of dental floss through the space in the way that I showed you. If this is not done occasionally you may be bothered with another cavity, which is apt to be painful should it get started.

I know that you will be careful about your teeth so that, when vacation time comes, you will not have to be bothered with possible unpleasant hours spent in my office, while your chums are out playing and having a good time.

The A B C's for good teeth and good health, which will make you a big happy boy and improve your report cards from school, are—first, to carefully brush every part of each tooth before breakfast and again before going to bed, and second, to chew your food for a long time before swallowing it. Sound, healthy teeth will make you happy and give you more time for play.

The next time you are near my office please pay me a visit. I shall be glad to chat with you for a few moments, even though I am busy.

Yours very truly,



To a Girl 10 - 12 Years of Age

Dear Miss Gwendolyn:

I am writing you this letter so that you may be reminded once more how very important it should be to you to brush your teeth regularly every morning before breakfast and every evening before retiring. As stated to you during our last appointment, the enamel surfaces of your teeth are such that it will be an easy matter for cavities to get started, should you neglect in any way the instructions I gave you.

Regardless of the many different forms and colors of teeth which nature gave us, they are all beautiful to look upon and will enhance a person's appearance, but only at such times when they are kept clean. You appreciate how important it is to take a bath so as to promote cleanliness about your person. If you neglect to bathe your teeth at least twice a day through brushing, then the bathing of your person will not be complete because it will not have eliminated a possible unpleasant breath. An unpleasant breath, due principally to lack of proper tooth brushing, will cause real friends, as well as acquaintances, to be distant toward you.

The next time that you go to a party, or happen to be present at a gathering of people, look about you and see how many persons there are who would have a winning smile if it were not for the condition of their teeth. Whenever you see a girl or boy with discolored and ill-kept teeth, you may say to yourself that, if you do not brush your teeth regularly, it will not be long before you, too, will have a marred personal appearance. If you do not thoroughly brush your teeth when you are young, they may ruin and spoil your natural facial expressions when you have become a grown-up.

Perhaps you are already thinking of the time when you will enter high school. It is very important to have good teeth at such a time because, since you will have to do a great amount of studying, good teeth will aid your digestion which, in turn, will make you healthier, and because of it you will be able to study more efficiently and gain marks of honor. Clean-looking teeth, exposed through a winning smile, will also help you in your high school social activities, and this should be important to you, as many lasting friendships are made during those years.

The next time you present yourself at my office for an examination I know that I shall take pleasure in giving favorable comment on the way you have cared for your teeth during the interval between visits.

"A clean tooth will not decay."

With my very best wishes,

Yours very truly,

To a Boy Attending High School

Dear Jack:

Since you are now actively engaged in your high school duties, you probably find the school routine quite different from that of the grade schools. You realize that the boy in high school is put upon an honor basis. In other words, it is up to him as to whether or not he is going to make good, not only in his many studies, but also in athletics as well. Have you prepared yourself both physically and mentally to make good?

It is not commonly known that good teeth are a first aid to those who would be "top-notchers" in high school and university life. If the opportunity is given you, try and compare the marks of those who are inclined to keep themselves physically fit with those who are not inclined to do so and note the difference. The next time that you are in the gym or on the athletic field, try and take a squint, if opportunity presents, at the teeth of the best athletes. I daresay in each instance you will find that the teeth of those who are the best athletes are in perfect condition, and because of it strong bodies and keen minds have been made possible.

Tissue-building foods are not much good to the growing youth unless he enjoys proper digestion which, in turn, is not possible without the aid of good teeth. This is true because preliminary digestion is first brought about in the mouth through mastication. Poor teeth make proper mastication impossible which, in turn, interferes with the routine of digestion. This results in lack of nourishment to the body tissues, all of which reflects itself in the study and athletic efforts put forth by the student.

The other side of your school life is a social one. There, too, ill-kept teeth plus a foul breath are direct reflections, which explains why some of the students are shunned socially. Your high school career will be just what you make it, from the viewpoints of studies, athletics and social activities, providing you pay strict attention to hygiene about your person, which also includes your teeth.

During your last series of appointments with me I put your mouth in complete repair, in addition to having given you prophylaxis. The success of your restorations depends entirely upon the extent to which you are carrying on the prophylaxis which I started for you. In other words, are you brushing your teeth two or three times a day, and do you apply dental floss three or four times a week in the way that I showed you? If you are carrying out these instructions, then I know that you are very materially aiding your efficiency.

You have often heard it said that "cleanliness is next to

godliness." Ordinarily people interpret this quotation as applying only to the external parts of the body. If one would be godly because of being cleanly and neat, then the oral cavity must also be included. To give your teeth a bath through proper brushing is as important from the viewpoint of appearance as to have clean hands and fingernails.

Aside from all of the foregoing, it is my sincere desire that the restorations which I have placed in your teeth give you complete satisfaction from the viewpoint of health service. This will not be possible unless you diligently brush your teeth.

Aside from all of these things, your success in life depends, in part, upon a healthy mouth.

With my very best wishes,

Yours very truly,

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SECTION IV

How to Establish Fees



HERE are three classes of patients that patronize every dental office and there is a corresponding difference in their ability to pay for services rendered to them. It is therefore desirable that patients should be classified on some basis that will make it possible to establish a proper fee.

A dentist's fee should be in proportion to the benefit the patient receives and in proportion to the financial ability of the patient to pay. A plan such as the following may be used in making a classification:

CLASS 1 PATIENT: The limitation is the minimum hourly fee.

CLASS 2 PATIENT: One in comfortable circumstances and with income sufficient to enjoy some of the luxuries.

CLASS 3 PATIENT: Patient with means. Fees should be governed according to the dentist's ability to render and sell that patient "service."

It is a known fact that some patients will plead poverty in a dental chair and leave the office to invest in some luxury. The dentist must be a judge of human nature and always remember that there are some patients, especially in Class 3, who if not charged a fee that is in keeping with their social and financial standing, will not appreciate his services.

Patients use care and thought in selecting their dentist and for the same reason the dentist should select his patients. On patients that he does not know he should obtain references, which will assist him in making his classification more accurate.

A well-regulated dental office works by appointment only on a basis of about six hours a day, two hundred fifty days a year, which will allow for mishaps, sickness, holidays and necessary leisure. There should be determined a stipulated minimum gross earning and from this the hourly fees may be established. For example:

250 days, 6 hours per day, 1500 hours yearly; average hourly fee, \$8.00; gross earnings, \$12,000.00.

On this basis the fees for the different classes of patients would be about as follows:

CLASS 1 PATIENT: Minimum hourly fee.....	\$ 6.00
CLASS 2 PATIENT: Minimum hourly fee.....	8.00
CLASS 3 PATIENT: Minimum hourly fee.....	10.00

The maximum overhead expense of a well-regulated dental office should never exceed $33\frac{1}{3}$ per cent, which will leave a net earning of \$8000. If the overhead expense is greater than $33\frac{1}{3}$ per cent, it will affect the average hourly fee. To bring it down to this maximum cost of successfully conducting a dental office, the average hourly fee will have to be increased.

It will be an assistance to any dentist who endeavors to classify his patients to remember that he should talk health to his patients in preference to talking the mechanical side of dentistry. Such a course on the part of the dentist will tend to make the patient avoid comparisons of the dentist's fee with an article of merchandise.

If the dentist in talking to a patient refers to a restoration as a gold filling which will cost \$10.00, it is very easy for the patient to compare the "filling" at \$10.00 with some other commodity that has just been bought or sold; whereas if the patient can be impressed with the point that health cannot exist unless the mouth and teeth are kept in good condition, the fee for dental services will not appear to be large because the patient will understand the real value of the work the dentist is doing.

Psychology in Connection with Giving Health Talks and Quoting Fees to Patients

When discussing a case with a patient in the operating room, some dentists do not appreciate a certain earnestness which should be maintained by them toward the patient. This shortcoming is not intentional and if dentists who are lacking in this respect were questioned in regard to it, they would admit that they are unconscious of the fault. Until their attention is called to it dentists do not realize how this surface disinterestedness affects the patient, and that because of it patients postpone their decision to have work done.

Dentists who have acquired this habit proceed in the operating room somewhat as follows:

After a diagnosis has been made and the various instruments used in connection with it have been laid aside, these dentists continue their conversation about the case while they are walking back and forth in the operating room. Some will give part of the health talk while washing their hands, only to finish the talk while leaning up against the dental cabinet and drying them. Others, especially with those patients who are of the cautious kind, leave them alone in the operating room with the thought of giving them a chance to think it over. At the conclusion of the health talk some will lower the chair and make such movements unconsciously which give the patient the impression that so far as the dentist is concerned the interview is at an end. Perhaps at just the wrong time during the discussion of the case the nurse will enter the operating room for the purpose of gathering up the instruments for sterilization which have been used in connection with the diagnosis. All of these things have a tendency to undermine the patient's decision, or at least to promote a mental uncertainty.

When the diagnosis has been completed and the instruments have been laid aside on the bracket table, the dentist should continue to hold the patient's undivided attention throughout his health talk. He should remain at the operating side of the chair sufficiently forward so that he can fully face the patient. He should not lean against anything for support, but should stand erect with both feet flat on the floor without appearing unnatural. This posture will help to carry home to the patient his arguments in a more positive way than if he is seeking support by leaning against the dental cabinet, chair, window seat, etc. It has been demonstrated that these details of psychology are absolutely necessary with certain types of patients, but are not used with the thought of taking advantage of the hesitating patient. There are certain types of people who can never come to a decision except through certain psychological suggestions. Such patients, if allowed to leave the dental office undecided with regard to the case, would perhaps go to some other dentist who would secure the patient through making the necessary suggestions in a proper manner.

There are three means of communicating ideas—Words, Tones and Movements. Words are the best means, usually,

for communicating bare information but words spoken in a monotone and without any accompanying actions are not at all likely to stimulate the imagination of the patient.

Many dentists do not realize the relative importance of words, tones and movements in getting health talks across to the minds of patients. Too much emphasis is placed now-a-days on "a good health talk" which often degenerates into a "patter" health talk that sounds purely mechanical and devoid of meaning to the patient. It is foolish for the dentist to expect the patient to believe his words alone. In most cases the patient's adverse attitude is simply the caution of self-defense against possible deception. Therefore, mere words, unaccompanied with proper warmth of tone or emphasized with certain movements of the hands, promote an adverse attitude upon the part of the patient.

"Yes" can be said in such a tone as to mean an unequivocal "No." It is not the word that the dentist wants to get across to the mind of the patient but the ideas behind the word; the image which the word is intended to help build. The language we speak would be barren indeed of expressiveness if there were not expression added to the words we utter.

Movements are of even more value than tones in communicating mental images. "Actions speak louder than words," whatsoever the tones used. The patient will credit the suggestions made to him in actions of the dentist because intuitively the patient will, like all mankind, believe what he sees. The dentist will carry home to the patient the meaning of his words if the tones he uses express earnestness and sincerity. The movements we speak of in this paragraph should be in the form of gestures; a graceful wave of the hand when explaining away a patient's objection; a graceful raising of the fingers, not *too* emphatic, at a point during the health talk which the dentist is trying to drive home; a graceful droop of the hand when a certain point has been satisfactorily explained.

For the dentist who uses finished samples of certain types of restorative work we suggest that these be handled by the dentist as something very precious when trying to explain to the slow-grasping patient their mechanical and health-giving virtues. Patients can be helped to a decision when words

and tones have apparently seemed ineffective if the dentist holds and touches the appliances as something of great value, as a connoisseur of pictures would treat a work of art. Through a careful study of the value of words, tones and movements, dentists who have never given thought to this phase of dental psychology will reduce a goodly percentage of their patients who want to "think it over and come back some other time."

Where in the Office to Discuss Fees with Patients

It has been stated by dentists that the question of fees should be discussed with the patient in the business office. It is just as impractical for the dentist to always discuss fees with patients in the business office as it would be to discuss them in the operating room. It would be most inconvenient in the average office, to ask the patient to step into the business office for the purpose of discussing fees when only a few moments of diagnosis will tell what work has to be done. In such instances, time will be saved if the fee is quoted to the patient while in the dental chair. Such cases do not require study models or a lengthy explanation of the treatments, restorations, etc.

The function of the dentist's business office is to discuss all matters of business aside from the actual operative work. Its use is truly ideal with patients who have mouths known as "wrecks" upon which several hours of study will be required before a true diagnosis, together with recommendations for correction, can be given. When such cases are presented to the dentist it usually requires full-mouth radiograms, study models and a complete clinical history of the case. Everything must be intelligently recorded, at which time the patient is dismissed after another appointment has been made. In some instances the dentist waives the appointment procedure by telling the patient that he will send a notification when to return to the office for further discussion of the case.

When the dentist has completed his diagnosis through a careful study of the radiograms and clinical history, and has reached a decision as to the type of restorations indicated and these have been traced with pencil on the study models, he will then summon the patient, who upon arrival should be admitted to the business office by the nurse. The dentist will

then discuss the details of the case with the patient through the medium of the radiograms and the study models. It is needless to say that the fee question will then come up automatically.

It perhaps is unnecessary to add that for all patients who wish to discuss fees after the work has been completed, the business office is the proper place for such confidences.

Determining Fees for Large Complicated Cases

The only assurance against under or over-estimating a fee on a case known as a "wreck" is to make a thorough diagnosis, and through it determine as nearly as possible the number of hours required to carry the work to its successful conclusion. To do otherwise is very apt to prove disastrous to the dentist with regard to remuneration for the work. The trouble with dentists in this respect lies not in a lack of proper diagnosis but in snap judgements as to the number of hours which will be required for the work. A study of statistics proved to us that it is only occasionally that dentists over-estimate their fee. It is safe to state that 70 per cent of all cases known as "wrecks" are under-estimated.

Dentists are entitled to a just remuneration, and this can be assured not alone through a careful diagnosis at the time the first examination of the mouth takes place, but through a series of diagnoses at a time when the dentist can uninterruptedly go over his original findings. He can then determine the number of hours which will be required to complete the case, and also can take into consideration every possibility of complications such as an under-estimated number of treatments, incorrect bites and impressions (the faults lying with the patient), and many other things too numerous to mention for which the dentist cannot be responsible.

There is only one proper procedure for mouths known as "wrecks." That is to make first, a surface examination; second, to take a full mouth set of radiograms or lateral jaws; third, to take impressions for study models; and fourth, if possible at the first sitting to get a complete clinical history of the patient's systematic condition.

After a study of the radiograms, the dentist can quite accurately tell what will be required in the way of treatments.

A careful survey of the study models mounted on an articulator will determine what type of restoration is indicated. The foregoing—namely, the radiograph interpretation and the type of restorative work—will be governed somewhat by the clinical history. As the dentist progresses with his findings he should estimate as he goes along the number of hours required to do the work. This then will guide him in his estimate, plus the patient's ability to pay.

The patient should be impressed by the dentist with the importance of this procedure, which should convince the patient of the dentist's desire to serve efficiently. It will be well for the dentist not to make a positive appointment for the patient's return because, with a very large case, the dentist must first complete his study of it at a time when he can give it undivided attention.

For this reason it is not always possible for the dentist to make another appointment after the first examination. Therefore, he should tell the patient that when he has concluded his diagnosis a notification will be sent, stating the time for the next appointment.

For the second appointment it will be well for the dentist to receive the patient in the business office where he will have his radiographs, the study models and the clinical history before him and where he can best explain his recommendations to the patient.

Determining Fees through Mental Estimates

When a dentist examines the patient's mouth it is not fair to himself or the patient to make a mental estimate with regard to the fee. If he makes his estimate too low, which is not apparent until the work draws to its conclusion, it is well-nigh impossible to make up the difference by asking the patient for it. In all probability, if the dentist puts up a good argument the patient will pay him the difference. It is quite likely, however, that the patient will not return for additional dentistry when needed, and it is also likely that the patient is not apt to recommend the dentist to friends.

On the other hand, if the dentist has over-estimated his fee, which only happens in rare instances, he would no doubt reimburse his patient with the difference, which in some cases

would be a source of gratification to the patient. However, this procedure, while impressing the patient with the dentist's honesty, would certainly also be convincing of a certain looseness and carelessness in business methods. The over-estimating feature happens so rarely that it is not worthy of much consideration.

With all cases, regardless of their nature, the dentist should record his findings on a chart provided for the purpose. As he finds conditions during the examination he may mention them to the nurse who will mark and check them on the chart, and when completed the dentist can then state his estimate with reasonable accuracy. The chart should be kept as a permanent record and memorandum of the preliminary examination.

The cases touched upon in the foregoing paragraphs are those of a simple nature—namely, treatments and simple restorations—which require but a few minutes of diagnosis, the result of which tempts many dentists to give an offhand estimate. In the absence of charting the work as they make their examination, it has been proven that at the final rendering of the bill to the patient the total of it did not coincide with the original estimate as given to the patient because of the fact that the original fee had been forgotten by the dentist, but not by the patient, which usually results in a controversy and a suspicious or dissatisfied patient.

How to Quote Fees when Calculated on the Hourly Basis

The dentist who would change the method of determining his fee from that of the time-worn “guessing” contest to the “positive” method known as the “hourly basis” will be courting all sorts of difficulties if he quotes his fee as “so much per hour.”

The layman has not yet come to understand what the dentist's cost problems are and how these are determined. To tell them that the dentist will do their work at so much per hour will immediately cause them to make mental impressions of fees charged by other professions equally as important to them as dentistry. The layman, through comparison, will imagine that all sorts of discrepancies exist, and unless he has

great confidence in his dentist the hourly fee will be apt to cause him to seek some dentist who will quote him a lump fee for the entire case.

Even though a patient who has been quoted a fee by the hour has consented to have the dentist do the work, this decision on the patient's part will often cause misgivings while the work is in process, because there are many times that the patient will believe that the dentist is not working as rapidly as he should, and that the work is being purposely slowed up to help accumulate time on it.

The dentist, who would work on an hourly basis, should make an estimate for himself, at the time of the initial diagnosis of the total number of hours, plus a certain additional time for mishaps. Then by multiplying his total estimated hours by his set hourly fee, he will arrive at the fee which is to be quoted to the patient in a lump sum. Just how this fee is arrived at should not concern the patient, because if the patient is given a thorough understanding of what the dentist is trying to do and is made to enthuse over it, the total cost of the case will be of secondary interest.

Why it is Necessary to Give a Patient an Approximate Estimate of the Fee Before the Case is Started

A dentist should not start to work on a case until he has first given the patient a thorough understanding of at least an approximate fee. To make this a strict rule will do away with all "fee" controversies, and consequently dissatisfied patients.

A dentist may rightfully become suspicious of most patients who will consent to his doing the work without asking at the beginning for at least a general estimate. Some patients are not overly anxious to be told of the fee until the conclusion of the work for the express purpose of using the fee as an excuse for a controversy, and through it secure their dentistry for little or nothing. Usually this type of patient is familiar enough with the law to know that "restorations," when once permanently placed in the mouth, become personal property which cannot be requisitioned by the dentist through legal proceedings. Legal statistics show that the dentist has little or no recourse in securing a proper judgement, because in the

past at least it has been a most difficult matter to convince a jury that the value of dental services to a patient is practically unlimited and that the benefits derived from it by the patient cannot be measured in dollars and cents.

Another phase of this question is that certain patients who are not told of the fee until the conclusion of the work, and who will pay it under protest, will never cease talking about it to their friends, who are always inclined to believe what they hear and as a result will not seek the services of the dentist in question, not knowing that in all probability the fee was more than justified. It only takes, especially in the smaller cities, a few patients with an imaginary fee grievance to undo the honest efforts of a good dentist to build up a reputable practice.

To give the patients a thorough understanding of at least what the approximate fee will be before the work is started will put it up to them to either accept it or not, and will give the dentist at least a 90 per cent guarantee from a legal viewpoint. In connection with quoting his fee to the patient at the time the case is started, it will also be the logical time to acquaint the patient with the payment procedure, *i.e.* whether in installments as the work progresses, or in a lump sum at the conclusion of the last sitting, or by the 10th of the following month.

Charging for Diagnoses

The dentist is entitled to a fee for diagnosis on all cases where the time involved exceeds 15 minutes. A glance in some mouths will tell instantly what is to be done for that patient, and in such instances a diagnostic charge should not be made because the fee earned in connection with the work will take care of the few minutes required in diagnosis. When the case is one of a complicated nature the dentist should include in his fee (at an hourly rate) the time involved in making diagnosis. When the patient happens to be one known as a "shopper" and who wants to think it over, then the dentist should show no hesitancy in making it plain that his time given to diagnosis on that particular case must be remunerative, and the patient should be requested to pay for that time.

A great percentage of the profession do not take account of the many hours spent through the year in diagnoses, par-

ticularly on the complicated cases which require study models, etc.

The principal thing a dentist has to sell is his time, and if he is going to give part of it away on free diagnoses, he will automatically reduce his productive hours and through it his yearly income. Patients go to physicians who will make a charge for even the slightest kind of a diagnosis, and this is considered proper by patients. If dentists as a whole would take physicians as an example in this respect, their services would be more greatly appreciated, especially by those people known as "shoppers."

When a dentist makes an extensive diagnosis on a complicated case, the fee for diagnosis should be included in the lump fee for the case. The dentist must be the judge as to whether the patient should be told that the fee for diagnosis has been included in the lump fee for the case. There are certain types of people who would appreciate a diagnosis fee, and there are others who would not. Therefore, this is purely a dentist's problem, but it is one which must be taken into consideration in connection with those cases where several productive hours have been spent by the dentist in diagnosing them.

Should Fees for Children be Less than for Adults?

The dentist who determines his fee on an hourly basis should not deviate from it when estimating and quoting on children's cases. The dentist has a certain number of productive hours per year to account for in dollars and cents. If he sets his productive hours at 1500 for the year and his *average* hourly basis has been determined at the rate of \$10.00 (taking into consideration all classes), then his books must show at the end of the year that he has taken in \$15,000.00 gross. The same principle applies to the classification of fees for children as for adults. If the dentist deviates from his hourly basis and established classification for children or adults by reducing his minimum fee, then his gross income will naturally be diminished.

The size or the age of the patient should have absolutely no bearing upon the fee. Work upon children requires the same amount of education, skill, caution and operative tech-

nique as for adults. If this is true, then a deviation from the hourly basis for children should not be entertained. It is easily understood by those familiar with the idiosyncrasies of juvenile patients that, if anything, it requires a great deal more patience on the part of the dentist when operating on children and performing the work correctly than it does for adults. Therefore, to quote a smaller fee for juvenile patients than for adults is not in keeping with good, sound principles when applied to dentistry.

Why to Avoid Quoting Fees to Minor Patients and How to Proceed

■ A dentist should never quote fees to juvenile patients or those in more mature years such as high school students, even though the parents of the child inform the dentist either by letter or telephone that they wish him to do whatever is necessary for the child.

The average child is not interested in the dentist's health talk let alone the fee, and when an examination has been given by the dentist, together with a diagnosis verdict, the child will report back to the parents telling but half the story and perhaps elaborating on the fee, which because of improper explanation is apt to wrongly impress the parents that the dentist is trying to take advantage of the situation.

Aside from giving the child a mouth hygiene talk, the dentist should impart no information with regard to the nature of the work or the amount of the fee. He should remember that it is the parent who is going to pay the bill, and who for the time being at least is the most vitally interested. The dentist will eliminate controversies between himself and the child's parents if he will write them a letter or call them by telephone, making an appointment which either can keep for the express purpose of intimately informing them of the findings of his diagnosis, the nature of the restorations, how the child is to be benefitted by them, what the fee will be, and urging the parents to have the child follow the instructions on mouth hygiene given to him.

The psychology of the foregoing feature is twofold. First, it does away with the probability of the parent stretching his imagination over the dentist's fee. Second, it convinces the

parent that the dentist is vitally interested in the welfare of the child, which to the careful parent is most gratifying.

For those Dentists Located in Mining, Railroad, Packing House, and Congested Industrial Centers who Would Increase their Gross Income.

The solution of the dentist's problem in these communities lies principally with increased production as a means of increased income.

Usually this class of dentist has all the patients that he can take care of, so his difficulty does not lie in the lack of restoration work. If he has gone the limit in fees for such a community, it naturally simmers down to the point of doing a greater volume of work without increased operative expense. Such a dentist should try to secure the services of a dentist who prefers to work for another dentist rather than for himself. This dentist's salary should be based upon a percentage—*i. e.*, he should be given an incentive for which to work, so that he will have his employer's and patient's interest at heart and will do everything consistent to turn out good operative work. Volume would be the big thing, for an office located in the districts as mentioned. Sometimes in these communities four or five or even six operating rooms are indicated for two dentists. In such an office, the dental nurse plays a very vital and important role toward increased production. It is just as possible for a dentist to be successful in a congested manufacturing district or railroad center as it is for a dentist to be successful with a higher standard of patients in more exacting communities. If the dentist in the congested district will increase his production along scientific lines, he can double and treble his net income.

It is not always big, sensational fees that make for a dentist's success. The small consistent fees are equally contributive. Let us visualize the 5-and-10 cent store plan making possible the erection of a Woolworth Building. And again, the 25-cent weekly insurance plan making possible the construction of that gigantic building known as the Metropolitan Life Insurance Building in New York City.

Guaranteeing Dentistry to Patients and What it Means

An ethical dentist cannot consistently, in the true sense of the word, "guarantee" any branch of dentistry to his patients. The human mind and hand cannot make duplications of parts of the body and guarantee that these will function as efficiently and give the same comfort as Nature intended her work to do. It is not only an insult to Mother Nature, but also to the profession of dentistry to even intimate that a guarantee, as commonly understood by the layman, can be given. Even though a restoration may be as perfect as the most skilled and trained human hand can make it, there are other factors to be taken into consideration which prohibit the much-abused term "guarantee," the most important of which is a lack of co-operation on the part of the patient to do certain things, in order to facilitate the proper functioning of the work, and practice to the letter the teachings of mouth hygiene.

Dentistry is a science—a very exact one—and is taking its place of importance with the surgery of any other part of the body. The conscientious dentist is at all times interested to serve patients and their interests to the best of his ability. One of the requisites of ethics in the profession is that of "good character," and if a dentist has the patient's interest and that of his profession at heart, he will be a strict adherent to the duty of making right with the patient anything that is wrong for which he might possibly be to blame.

In commercial circles an article stamped with the word "guarantee" is generally looked upon with suspicion. Merchants appreciate in a greater measure than ever that after all it is the character and reputation of the maker of the article which is the real guarantee, and not the word itself.

Radiographic Fees, How to Quote Them in Connection with Fees on a General Case.

Percentage Basis for Estimating.

Whether the dentist is to include the radiographic work in his fee or quote it separately will depend entirely on his community. If he is practicing in a locality where patients object to a separate fee for radiographs, then it would be advisable to include the charge in his lump fee for the case. Many dentists located in business sections, and again those enjoying

a high standard of clientele in residential sections include radiographs when quoting a fee. Laymen, as a whole, recognize that diagnosis based on the disclosures of an x-ray is valuable service, and therefore the taking of radiographs should be entered into as freely as the use of any other appliance in the modern dental office.

Inasmuch as it is generally conceded among conscientious dentists that an x-ray machine is an absolute requisite to the safe-guarding of the patient's and dentist's interests, there should be no hesitancy on the part of the dentist to inform the patient that his fee includes as many x-rays as are necessary in conjunction with treatments before and after and throughout the reconstruction of the mouth. The thinking patient cannot but help being impressed through this procedure with the fact that the dentist is fully equipped for rendering intelligent and positive service.

Inasmuch as the dentist cannot tell the exact number of radiographs he will have to take of a case, especially where considerable treatment work is indicated, he must have some basis for making a mental estimate if he is going to include the radiographic fee in the lump fee for the case. A practical check among dentists proves that on cases averaging from \$50.00 to \$100.00, 10 per cent added to the estimated amount for treatments and restorations will take care of the x-ray overhead and still allow the recognized profit margin. In some cases the 10 per cent will fall a trifle short, and in others it will prove ample. In averaging up for the year the dentist will come out on this basis with a profitable margin.

On a case amounting to \$100.00 or over, 15 per cent should be added to the estimated fee for treatments and restorative work. Frequently on cases of this amount full-mouth radiograms must be taken, and the 15 per cent will fully cover the recognized radiographic fee in most localities.

Charging for Broken Appointments

Charging for broken appointments should be relative. Some patients think nothing of cancelling an appointment with their dentist, and to such patients, when an appointment has been broken without sufficient notice, it should be stated by the dentist or nurse that a charge for the appointment will be made.

This then will immediately bring the matter up to the patient for discussion, and with the careless patient the possibility of future broken appointments will be eliminated for he will be forcibly impressed with the fact that the dentist does not relish broken appointments.

The dentist who regulates his practice by appointment must be given ample notice of the patient's inability to keep the appointment, so as to allow him to fill in the time by summoning another patient who is perhaps anxiously waiting for an immediate appointment. If it is impossible to fill in the time of a broken appointment with another patient, then a charge should be made.

There are, however, legitimate excuses which form exceptions to the rule, such as a sudden sickness, accidents, etc. The dentist must use diplomacy to inspire patients to keep their appointments promptly. A dentist must set an example by doing his part in keeping his appointments with the patients.

Collecting Accounts

A dentist engaged in the practice of his profession is, as a matter of fairness to himself, entitled to the following:

1. Remuneration for his time.
2. Enough to cover uncalculated losses by bad debts, loss in estimates, loss by fire, loss through wear and tear, loss through perishable supplies.
3. A fair return on investment.
4. The comforts of life in a reasonable proportion.
5. An extra sum for mishaps.
6. Protection against old age.

NOTE: See Section XV, pages 249, 250, 251.

Anything less is an injustice to himself and to his family. Proper attention to the collection of accounts has an important bearing on the income of the office for the year.

The greater portion of business is done on a credit basis because there is not enough money in the world to transact it on a cash basis.

The credit condition affects the dentist just as much as it does the merchant or manufacturer, and because granting credit necessitates collecting accounts, it is necessary to provide some definite and effective method of getting the money

if you do not want your practice to fail because of an excess of worthless accounts. If you do extend credit you will never be able to collect all of your accounts but you can recover money that otherwise would be lost if you will adopt some definite plan and adhere to it.

Uncollectable accounts often make dissatisfied patients from many angles. Where work is not paid for, patients are more apt to be dissatisfied and faultfinding as regards the service they have received.

You have earned the amounts *charged* in your books just as much as you have earned the *cash* fees, but you have to solve the problem of how you may best accomplish the transfer of these amounts from your patient's bank account to your own. It is necessary to remember that every patient served is a prospect for future business and in the collecting of accounts it is necessary to retain the good-will of even the slow payers if you can do so and still get your money.

The key-note of the plan we suggest is *definiteness* and *persistence*. Adopt a definite plan of action and execute it persistently. Draft your collection letters so as not to offend the debtor and make the theme of such letters the collection of your accounts. It matters not so much what you say if you will only say it often enough. We suggest sending these letters at short intervals, in the belief that the best results will be obtained by keeping the subject warm.

Provide a 5 x 3 vertical filing cabinet with chronological guides and a quantity of horizontally ruled cards, these to be used for your follow-up system. Mail statements to each patient on the first of the month following completion of the case. Enter the name and amount on the card, noting the date also, and set this card forward twenty days in the chronological file. By having daily reference to the file this card will be brought out on the twentieth day. Refer then to the ledger account and if the account has been paid, destroy the card. If the account has not been paid, send letter No. 1, noting the fact and the date and again set the card forward twenty days. Repeat the procedure at the end of the second period, noting letter No. 2 and forward ten days. After this follow up every ten days until amount is paid or until final action is taken.

Should the patient promise payment on a certain date, make note of the fact on the card and set forward to the specified date. If payment is not received promptly, remind the patient of the promise and ascertain the reason for non-payment. Note the facts on the card and follow-up every ten days. In such cases it will be found necessary to vary the correspondence from the regular forms.

This vertical file (the commercial name for which is "Office Tickler") will be of valuable assistance as a Daily Reminder, but to be of actual service it must be referred to every day and all matters for the day disposed of promptly. This will prevent accumulation and promptness in handling such matters will impress the patient that *you* do not forget and will not allow *him* that privilege.

The efficiency of the collection system lies not so much in *what* you say as *how* you say it. Diplomacy has won more battles than the mailed fist, but when diplomacy fails, it is necessary to resort to the mailed fist of the law. Do not consider legal action until you have exhausted every other means and not even then unless your debtor can be made to satisfy the judgement.

After you have sent the first statement and begun the first system of letters, further statements would be useless and should not be sent. It is advisable, however, to refer to the *amount of the account in every letter*.

For the first letter we suggest something similar to the following:

January 20, 1924.

Mr. Thomas Blank,
City.

My dear Mr. Blank:

On the first of this month statement was mailed to you for an account of \$28.00. As no response has been received, I am led to believe that you have some specified date for paying personal accounts.

Will you please inform me on this point so I may make proper notation on your account, and thus make future inquiries of this nature unnecessary.

Sincerely yours,

DR. SMITH

In the first letter is indicated the desire to accommodate him by considering only his wishes in regard to time of payment. If no response to this is received, the second letter will be a definite request for payment, although still deferring to his plans. This should be only twenty days after the first letter.

February 10, 1924.

Mr. Thomas Blank,
City.

My Dear Mr. Blank:

On the first of last month you received a statement of your account of \$28.00 and several weeks later a letter inquiring as to your convenience regarding time of payment.

Will it be entirely convenient to let me have check at this time? Or have you some definite arrangement to offer in lieu of present settlement?

Please inform me promptly.

Sincerely yours,

DR. SMITH

Assuming that no response has been received to either of the previous requests, it is advisable to send the third letter in ten days.

February 20, 1924.

Mr. Thomas Blank,
City.

My Dear Mr. Blank:

Imagine my surprise that I have received no response to the several letters regarding your account of \$28.00, for it has been quite two months since your case was finished and statement sent you.

Did you stop to consider that the impression created by your apparent neglect of this matter is very unfavorable?

Frankness in such matters is always the best policy. Therefore if you cannot conveniently settle at this time, suppose you come in and see me, for I am sure the matter can be arranged satisfactorily.

I shall expect something definite promptly.

Sincerely yours,

DR. SMITH.

Then in ten days follow with the fourth letter:

Mr. Thomas Blank,
City.

March 1, 1924.

My Dear Mr. Blank:

Do you believe the services for which I charged you \$28.00 are worth that amount to you? If you do are you willing to destroy the confidence I have in you, and cast a reflection upon your integrity and credit reputation by further neglect of this obligation?

I should prefer to believe that you have some good reason for not giving the account attention, but continued silence will be practically an invitation to go as far as now seems necessary to protect my interests.

Sincerely yours,

DR. SMITH.

The fifth letter in the series is a declaration of intention to resort to drastic measures and unless the debtor is a professional deadbeat, will often bring results where all other letters fail.

Mr. Thomas Blank,
City.

March 10, 1924.

My Dear Mr. Blank:

Your account of \$28.00 has been due for more than two months, and you have not only not paid it, but have given me no reason for failure to do so.

Surely you are not going to force me to adopt legal means to collect this account. I very much prefer not to cause you this humiliation and additional expense, and hope you will see how very much better it will be to dispose of this matter agreeably.

But I shall be compelled to hand the account to my attorney unless some satisfactory arrangements are made by March 20th.

Sincerely yours,

DR. SMITH.

Do not send this last letter until you have *fully determined* to take legal action and, in considering the advisability of such action, believe that a judgement will avail you nothing unless

the debtor has the means to satisfy it. It is advisable to rely upon the judgement of your attorney in such cases.

You may gain the impression from the above that the proper execution of such a plan will require too much time, but we must emphasize that you will have to be systematic to obtain results. However, by devoting a short time each day to this work you will get excellent results. In fact, if necessary it would be well to reduce your operating hours in order to give the proper attention to collection, for the collecting of accounts is absolutely necessary to a prosperous practice.

Devoting a definite part of your time to collecting may not get you as much on your books, but it is certain to get more in your bank account and that is where it will do *you* the most good.

Split Fees

Years ago when the dental profession felt the need of a specialization for certain branches, and when specialists first became established, it was a difficult matter for them to get referred work because dentists, as a whole, hesitated to send patients to them for the reason that they themselves were very much in need of the fees which the cases would involve. It was really an innovation, and to most dentists it seemed an unnatural thing to have to send a patient to someone else for dental work, with a possibility of that patient never returning to him for operative work coming under the general practitioner's jurisdiction. This also made it exceedingly difficult for the specialist to become established, because he was compelled to depend to a very great extent upon his brother practitioners for a certain support.

It was at this period in dentistry that the "split fee" was first put into effect. If a general practitioner referred a patient to a specialist he knew that something would be coming back to him in return for his support. The specialist in those days always made it a point to charge a maximum fee—at least a fee big enough so that he could afford to split it with the dentist who referred the patient to him. Because of this situation, the layman believed that the specialist was only for the wealthy, for it seemed that no one but a wealthy person could afford to pay the fee asked by the specialist. This opinion is still clung to by the layman at the present time, even though the average

specialist's fee is but little more than that charged by the dentist in general practice.

When it became apparent that there was plenty of dentistry for the specialist and general practitioner, both classes began to reason the "split fee" procedure from an ethical viewpoint, and found that the practice was not in accordance with the dignity and high ethics of the profession. Gradually "split fees" were eliminated, and today the profession as a whole seldom hears of them, even though they are still being surreptitiously indulged in by a few.

At the period in dentistry when "split fees" were openly indulged in, "split commissions" were also being practiced in commercial lines. "Split commissions" at one time almost ruined the life insurance business. The practice was so widely indulged in that a law was finally passed prohibiting life insurance companies or their salesmen from dividing commissions with anyone who happened to be instrumental in helping them gain a new policy-holder. "Splitting" commissions, aside from being unfair competition, is a dishonest practice, undermines the best interests of a business or a profession, and causes those who indulge in it to lose their self-respect.

Contract Fees

The use of the term "contract fees" in dentistry has been a contributing factor toward promoting the shopping desire with patients. It has also been the means of much dentistry having been given to patients at fees less than cost. "Contract fees" are rapidly being displaced by fees which have been calculated on an hourly basis, which is really the only fair basis for the dentist and for the patient.

"Contracting" for a case is usually brought about by patients themselves who have cases involving considerable dentistry, for which the total fee amounts to a great deal more than the average run of cases. Patients, when told of the volume of their work, usually want to know just what the case is going to cost. The dentist makes a mistake when stating that, if the patient will allow him to do all of the work so as to put the mouth in a normal condition, he will make a "contract" to do this work for a certain sum, and that, regardless of what happens, the price will be no more nor less than the stated

amount. The term "contract" should not be used in the practice of dentistry, because patients are apt to liken it to the contract procedure in commercial lines where the lowest bidder, providing all things are "apparently" equal, usually gets the job. Dentists who have practiced some years will readily admit that patients to whom a "contract fee" has been quoted usually leave the office in order to think it over, and that only occasionally one of them will return to enter into a "contract agreement."

A patient, having been told by the dentist that he will make a "contract" to do the work for a given amount, goes to some other dentist and asks him what he will do certain work for, using as a basis for specification the description which was given by the first dentist. The second dentist appreciates the opportunity for a large case at a time when he may not be overburdened with work, and is apt to figure the case very close. Under these circumstances he may quote fees which are less, unbeknown to himself, than those quoted by the first dentist. This promotes competition, and usually results in the second, or possibly a third bidder, getting the case on a "contract basis." Because of certain unforeseen conditions which have not been taken into account, dentistry is given at a loss, which is apt to result in slipshod dentistry.

The reader of this article will no doubt ask what really is the difference between a "contract fee" and an "approximate estimate" figured on an hourly basis. If the dentist makes a contract fee after a very careful study of the case, and bases his fee on the total number of hours that the case will require, taking into consideration the possibility of unforeseen conditions and mishaps, then the only difference is the mental equation given the patient through the term "contract." If a competitive dentist figures on the case, it is quite probable that he will not take into consideration all of the possible conditions which the first dentist did. To quote the patient a fee calculated on an hourly basis and eliminate the term "contract" is different in the respect that the patient is given a maximum fee, with the possibility that the fee will be less, providing the dentist does not encounter certain operative difficulties which might consume a considerable number of operative hours. This does not signify that the dentist should tell the patient

that he works at so much per hour because, in doing so, it might also promote the shopping instinct and prove quite as disastrous as the term "contract."

\$10.00 per hour, or even \$5.00, sounds exorbitant to the average patient. A dentist quoting a fee at a certain rate per hour only invites unfavorable comparison with rates paid to mechanics. We have heard women patients make remarks similar to the following: "Doctor..... makes almost \$100.00 per day—he charges \$10.00 per hour. Isn't it terrible?"

Some people really think that the average professional man is entitled to be continually only two steps from poverty. Many business men, who understand overhead expense in their own businesses, seldom think of a doctor as having any, just the same as many dentists overlook the necessary non-productive expense manufacturers and dealers are under, and which must go into the cost of the articles used in practice. The only scientific way in which to calculate fees is on an hourly basis, but we believe it unwise to so inform patients.

Ask any person who has ever built a house whether he was entirely satisfied with its construction and workmanship when the "contract" was given to a very low bidder. 90% of the homes built on the lowest competitive contract system have been most unsatisfactory jobs from the viewpoint of material used and also workmanship, the reason for it usually being unfair competition. The contractor realizes that, to get the job, he must bid low because someone before him has already figured very close. He also realizes that to get the job will help him to keep busy for the time being, and he will be satisfied with a very small profit. In his anxiety to get the contract he overlooks certain conditions which involve more materials and labor costs than he at first anticipates. He takes the chance, thinking that he can somehow get around these costs. When the work is under way, he finds that if he carries out his contract to the letter he will be doing the work at a loss to himself, which immediately prompts him to find places where it will be possible to cut the corners. This procedure seems to be human nature. It all results in a dissatisfied customer and a loss of self-respect to the contractor.

The dentist is no exception to this trick of human nature, when he once realizes that his "contract" to do the work at a

set fee is going to result in a loss to himself. Perhaps he has failed to take into account, when making the contract, that certain teeth might have fine, tortuous canals, that certain cavities which appeared simple during the examination might become compound in nature; also that a certain twist in the occlusion might be discovered, making an additional abutment necessary for stabilization. All of these conditions, and many others which might prove to be in existence and which the dentist has not taken into account at the time he made his "contract fee," will cause him to operate at a loss. Even though his intentions are good he might try to cut the corners, in the same way that a house contractor might do when he realizes he is facing a loss.

At some time or other the patient is bound to realize that certain of the work has not been properly done, all of which, if the dentist is not interested, results in a dissatisfied patient, or he may be put to a further loss to himself in making the work good. The term "contract fee" should be eliminated from the practice of dentistry, and in place of it the term "approximate fee" should be used.

Special Fees

Fees termed as "special" are very uncommon in dentistry, because it is only seldom in the average dentist's practice that occasion for them arises. A patient may have to make an extended trip abroad, or may be suddenly called upon to do some extensive travelling in our country. These calls might occur at a time when the mouth is in dire need of repair, and the possibility of toothaches while enroute prompts the patient to seek the services of a dentist and to demand the majority of his entire number of productive hours for the period of a week or two, preparatory to making the journey. If the dentist desires the case, it is necessary for him to cancel the appointments of many of his patients, and perhaps at a certain loss to himself. It is for this reason that a new patient, demanding the dentist's entire time for a week or two, should be expected to pay a special fee to offset a possible loss through the cancellation of appointments of regular patients.

The amount of the special fee depends entirely upon local conditions, and rests with the individual dentist. Some dentists

attach a special fee of fifty percent over and above what they would ordinarily get for a similar case, if handled by them in the regular way. Whether or not the patient should be told of the special fee also rests with the dentist, and depends entirely upon the type and class of patient. Some of them would expect to pay an additional fee for this special attention. Others again would object to it. We believe the best policy to be frankness in informing the patient that the intensive service will be rendered in a satisfactory manner, but at a fee which will reimburse the dentist for a possible loss through the cancellation of appointments already made.

Special fees are occasionally attached to cases where it is absolute speculation as to what is really indicated in the way of restorative work. These cases, most odd and complicated in nature, sometimes require the removal of a certain type of denture or bridgework after it has been worn for a short time. This procedure involves a mechanical restoration of an entirely different type which, in turn, may have to be discarded in favor of something which proves itself more practical. In other words, a special fee is attached to those cases involving many make-overs and adjustments and entailing a series of study models, in addition to possible consultations with other dentists.

Special fees are also attached to heavy surgical cases which require dentistry involving a restoration of facial expression, due to accidents, etc., and again, in cases of bedridden patients where it is necessary for the dentist to do the operative work at the home or in the hospital, and spend a considerable number of hours going back and forth before the case has been completed. For these cases the dentist is entitled to a special fee, because they involve considerable risk, not only for the patient but for the dentist as well.

If the dentist is strict in basing his fees on an hourly charge, special fees can be dispensed with except in cases where a patient requires the dentist's entire number of productive hours over a long period. However, if the dentist is not operating on the hourly basis, then it is good policy to quote special fees on such cases as are enumerated in this writing, adding anywhere from fifty to one hundred percent to what the case might amount to under normal conditions.

SECTION V

Following-up Your Patients



Periodical Examination Cards

ANY person who has ever been subjected to an extraction or to restorative work usually leaves the dental office at the conclusion of the last appointment with the thought and hope that it will never be necessary to go through the same experience again. The patient has listened to the dentist's various health talks and final advice on mouth hygiene with the firm conviction that the instructions given will be carried out minutely. For a time the resolution for mouth hygiene is religiously adhered to, but through the idiosyncrasies of the human mind, enthusiasm wanes in the presence of new and interesting subjects that clamor to undermine the best of resolutions. In addition to this, due to another trickery of the mind, the ordeals lived through in the dental office are soon forgotten with the result that mouth neglect once more holds sway.

In all mouths where artificial restoration exists certain changes are apt to take place, such as a minute shifting of the teeth, resulting in separation of certain areas and overcrowding of others; again the unforeseen gradual development of margins around gold, alloy and silicate restorations. All of these things and many others in their development prove catch-alls for bacteria, resulting in gradual tooth destruction and diseased tissue. This retards the proper functioning of artificial restorations, which results in gradual failure. You being aware of these possible conditions and dealing with the human element, cannot guarantee your work. In order to safeguard your reputation as much as possible you are interested in keeping a close check on your work so that at the first indication of the development of adverse mouth conditions you can ward off a possible ruination of your efforts, which through the lack of understanding by the patient might be condemned as poor workmanship. In addition to safeguarding your work you also safeguard the patient's interests, because if given attention by both parties when these gradual

changing conditions first present themselves it minimizes the expense as well as saves the patient's time and the possibility of more ordeals. For these reasons the patient should submit to periodical examinations once every three months or six months at the most. At the conclusion of a series of visits to the dentist the patient always promises to return for this periodical examination, but for reasons already given this promise is soon forgotten.

The periodical examination card was evolved to help eliminate as much as possible this shortcoming on the part of the patient. Its function is to call the patient's attention to the fact that a certain period has expired since the last dental examination and, in accordance with his desire, expressed at the time of his last visit, the card has been sent for the purpose of reminding him to make a voluntary appointment. No patient, no matter how sensitive, can take exception to receiving a periodical examination card, providing the dentist has done his part in the way of explanation during the patient's last sitting.

Some dentists in sending these cards even go so far as to specify on them the date and hour for the patient to present

PERIODICAL EXAMINATION AND CARE OF
THE TEETH IS ECONOMY AND PROMOTES GOOD
HEALTH AND APPEARANCE.

IT HAS BEEN SOME TIME SINCE YOUR LAST
VISIT. MAY I SUGGEST THAT YOU MAKE AN
APPOINTMENT?

H. H. HAMILTON, D. D. S.

2500 JEFFERSON AVE.

PHONE GEN. 104 ROCHESTER, N. Y.

himself for an oral examination. This may be offensive to some and on the other hand meet with approval from others.

You must be the judge in this respect. We believe the most practical way is to send the periodical card minus the stated appointment. This puts it up to the patients and if they do not telephone for an appointment within a few days it should then be the duty of the nurse to get into communication with them and attempt to make an appointment. The illustration, page 101, is our suggestion for the wording of the card, the size of which should be $4\frac{1}{2}$ inches x $2\frac{1}{4}$ inches.

A periodical examination card should be sent to patients with normal mouth conditions once every six months. Where unhealthy tissue conditions exist, as well as tooth abrasions and erosions, once every three months.

Follow-Up by Letter Because of Added Facilities

The following letter suggestion may be used by dentists who, because of a rapidly growing practice and the lack of a second operating room, have not been able to properly follow up their patients. The fact that the dentist has found it necessary to secure additional space in order to serve his practice more efficiently will assure them that he is not encouraging periodical examinations because of a lack of patients.

LETTER No. 1

Dear Mr.:

Most of my patients have frequently asked me to communicate with them at a time when, in my estimation, a periodical examination is necessary. I have not been able to comply with these requests because of insufficient office space.

I have been fortunate in securing an additional room adjacent to my present suite, which has allowed me to fully equip a second operating room. This puts me in a position to serve my patients efficiently on periodical examinations. These examinations, in most cases, should be given once every three to six months.

Aside from safeguarding your health through a prompt detection of dental trouble which might have developed since your last visit to my office, I am also interested in reviewing the dentistry which I have given you. With this in mind, and because of my added facilities, I have taken the liberty to instruct my secretary to communicate with you.

Yours very truly,

Some dentists who feel the need of a second operating room may secure it through a re-arrangement of the dental suite.

For the same reasons given in the explanatory note accompanying the previous letter, the following suggestion is offered.

LETTER No. 2

Dear Mr.:

So as to be of greater service to my patients, I have rearranged my dental suite, which has resulted in an additional operating room. This added facility will be devoted exclusively to periodical examinations of my patients. Such examinations should be made at least once every three to six months. To do so is a first aid in promptly detecting failing teeth and diseases of the mouth.

Aside from safeguarding your health orally, I am interested in making a check-up of the dentistry given you during your last appointments so as to determine that it is properly functioning for you. With this in mind, and because of my added facilities, I should be pleased to have you communicate by telephone with my secretary, who will arrange an appointment.

Yours very truly,

.....

The following letter is suggested for dentists who have installed x-ray equipment and who want to call patients' attention to the x-ray service which they are prepared to render.

LETTER No. 3

Dear Mr.:

The dental x-ray has become of such vast importance to the dental profession in disclosing hidden diseases afflicting the tissue and bone structure of the mouth that it is now looked upon as a first aid in diagnosis. The x-ray reveals conditions which the human eye cannot see and of which patients are not conscious.

So that I may serve my patients more efficiently, particularly on diagnosis of hidden diseases, I have just installed the latest in dental x-ray equipment. This now makes it possible for me to check up, through the medium of the x-ray, the dentistry which I have given you. This will enable me to complete my records on your case, and also to get a positive check as to whether or not unhealthy, deep-seated conditions exist in your mouth.

I have instructed my secretary to communicate with you for the purpose of arranging an appointment so that your health interests may be safeguarded through scientific diagnosis, made possible by the x-ray equipment which I have just installed.

Yours very truly,

Some dentists have certain periods during the year in which there is a considerable falling off of appointments. It is at such times that the dentist can capitalize on his x-ray equipment, and through it create other dentistry through diagnostic services which would not be brought about if the dentist were content to wait for his practice to pick up. The following letter suggestion will at least bring patients to the office and make possible the elimination of idle office hours. The letter should be sent to a carefully selected list of patients.

LETTER No. 4

Dear Mr.:

I feel that you realize the close relationship between healthy mouth conditions and general health, and in order to bring about this result a full set of x-ray pictures is necessary.

To permit me to be of the greatest service to my patients I need a complete record of the work done, and for this purpose may I ask that you come in and allow me to make a full set of x-ray pictures of your teeth so that I may complete my records in your case?

This service will be rendered without obligation to you.

You will find an appointment card enclosed, stating the time which I have reserved for you. If not convenient, will you please notify me so that I may assign this time to someone else?

Trusting that you will accept this service in the spirit in which it is offered, I am

Very truly yours,

.....

The third paragraph of the foregoing letter states that "this service will be rendered without obligation to the patient." It must be admitted that the actual cost of taking x-ray pictures is very small. For this reason the dentist who is idle can afford to render this service gratis because of the additional dentistry which will be created through the medium of x-ray diagnosis. It is better for dentists to try to fill in their idle time in this fashion during the dull season than to be content to allow their overhead to go on unabated without putting forth any efforts to offset it. It is for these reasons that the letter should be sent to a carefully selected list of patients, who will appreciate the service and who will respond should unhealthy mouth conditions be revealed.

SECTION VI

Forming Partnerships, Working Agreement
and Legal Forms

MANY partnerships end disastrously through failure to have a thorough understanding in the beginning. We will assume that a dentist with a fairly up-to-date office, including two operating rooms (one of which is not in use) and with a fairly profitable practice, desires to form a partnership with another dentist who has a small practice, obsolete equipment, etc., but who is a good operator and who has accumulated some savings. The latter intends to dismantle his office, sell his old equipment, furnishings, etc., with the idea of starting into partnership with the first dentist and in doing so will purchase a new outfit. With this general understanding, they decide to go into business.

The first dentist has approximately \$10,000 invested, after deducting depreciation. The second dentist will buy about \$2000 worth of new equipment. The first dentist has earned more over a period of years than the second dentist. They intend to share equally the profits of the business.

Under the above conditions:

(a) How much should the second dentist pay the first dentist to make the investment of each equal?

(b) Should the second dentist pay the first dentist any further sum, and for what?

(c) What provisions should be made in a partnership agreement with respect to

1. Drawing account at bank
2. Duties of each
3. Profits
4. Deficits
5. Length of agreement
6. Renewals of agreement
7. After all conditions have been agreed upon in a preliminary way, what is the final step in completing the transaction previous to commencing business?

Many partnership agreements are entered into without fully considering some of the essentials that are necessary for a complete and harmonious undertaking in which the welfare and future of each partner should be carefully considered and provided for. It would be impossible here to cover all of the points that might be embodied in a partnership arrangement as the details of each agreement will depend somewhat upon the circumstances, but there are certain essentials that should be covered in every agreement and which are herein touched upon. The conditions set forth in the question take into consideration that each partner will share equally in the profits of the business. Therefore, the preliminary or tentative understanding should provide among other things that:

(a) The second dentist, in this instance, will pay the first dentist the sum of \$4000 in order to make the investment of each partner equal, namely, \$6000.

(b) The first dentist has earned more over a period of years than the second dentist, which may be due to either better business methods or a more lucrative patronage, or to other reasons, which means that he will bring into the partnership a greater earning power than that possessed by the second dentist. Therefore, the second dentist should pay to the first dentist a cash sum (to be agreed upon) to cover this excess earning power, or, what is sometimes termed, goodwill.

(c) 1. A joint account should be arranged for at the bank and provision made that all checks drawn must bear the signature of both partners.

2. The specific duties of each partner should be agreed upon in order to avoid arguments in the future over which classes of work shall be performed by each partner.

3. Profits should be arrived at after full allowances are made for all operating expenses, including amount for salary drawn monthly by each partner, proper reserves for depreciation, etc., and should not be withdrawn from the business unless there is sufficient working capital and cash reserves out of which to pay profits.

4. If profits are to be shared equally then any deficit should be made good by each partner equally and promptly.

5. A partnership agreement should be entered into for not more than a year's time, as many unusual and unforeseen

circumstances may come up and either may wish to withdraw which might lead to a disagreeable misunderstanding if entered into for a longer period.

6. Provision for a renewal should be made and the conditions in the new agreement may be varied according to past experiences and circumstances.

7. After the foregoing points have been agreed upon in a preliminary way, the final and most important step to be taken is to have the agreement drawn up by an attorney in legal form.

It should be remembered that partners in the actual practice of a profession are liable for the independent malpractice of either.‡

‡*Hyrne vs. Erwin*, 23 S. C. 226.

Whittaker vs. Collins, 34 Maine 299.

Hess vs. Lowrey, 112 Ind. 225.

A standard form of agreement, which of course will be subject to changes according to circumstances, follows:

Form for Partnership Agreement Between Dentists

AGREEMENT, dated the.....
day of.....19....., between A.,
of.....party of the first
part, and B., of.....party of the second part.

WHEREAS the parties hereto are desirous of entering into a partnership agreement for the carrying on of their profession as dentists.

Now, THEREFORE, in consideration of the premises and the mutual agreements hereinafter set forth the parties hereto agree as follows:

1. The partnership shall be carried on under the firm name of A. and B. The business of the said firm shall be conducted at the offices now occupied by B. at No....., City of.....or at such other place within said City as the partners shall from time to time agree upon.

2. The capital of the partnership shall consist of all the premises, furniture and equipment of the offices now owned by B., the same to be valued at the sum of (\$.....), and new equipment for the use of A. to be purchased by him

for the sum of (\$.....). The good will of the business now carried on by both parties is hereby conveyed to the firm.

3. All moneys received by the partners or either of them for the account of the partnership shall be immediately deposited to the credit of the partnership in the..... Bank and partnership funds shall be drawn only upon checks signed in the firm name by both partners.

4. All rents, repairs in the equipment deemed necessary by both parties, wages of nurses, servants and other expenses that may be incurred in conducting the business and all losses and damages incurred in carrying on the business shall be paid out of the earnings of the partnership and if the same shall not be sufficient, then the parties hereto agree to share in equal parts such expenses, losses or liabilities.

5. Each partner shall be entitled to withdraw upon the 1st day of each month a sum not exceeding (\$.....); provided always that neither partner shall at any time by such withdrawal reduce the funds of the partnership on deposit below the sum of (\$.....), which sum shall be maintained as a reserve fund for depreciation, contingent expenses, etc. and the parties hereto agree that in the event that by reason of partnership losses, expenses or otherwise, said reserve fund shall be reduced below the said sum of (\$.....) that the parties hereto will in equal proportion replace moneys in the said reserve fund so that it shall always be maintained at the sum of not less than (\$.....). All sums of money withdrawn by either of the partners shall be charged against the profits due the partner withdrawing the same.

6. The partners shall share equally in the profits of the business. The profits in excess of the reserve fund above provided for remaining in the partnership after the payment of the monthly withdrawal allowance above provided for shall be distributed to the partners at the end of each year or at such other times as may from time to time be agreed upon between the partners.

7. At all times during the continuance of this agreement both parties shall give their time and attendance and to the

utmost of their skill and power will exert themselves for their joint interest, profit, benefit and advantage.

8. The division of the work between the partners shall be as follows:

A. will as far as is practicable and consistent with the best interests of the partnership devote his time to (here describe the class of work which it is intended to be done by A.).

B. will as far as is practicable and consistent with the best interests of the partnership devote his time to (here describe the class of work which it is intended to be done by B.).

9. Neither partner shall hire or dismiss any employe, assistant or servant without the consent of the other.

10. Neither partner shall, without such previous consent, use any of the moneys or effects of the partnership or pledge the credit of the partnership except for the use or account thereof.

11. Neither partner shall, without such previous consent, compromise or release any debt or liability to the partnership.

12. Neither partner shall, without such previous consent, enter into any bond or become bail, surety or security with or for any person.

13. Proper books of account shall be kept, and entries made therein of all money expended and received by, and debts due to and from, and of all other matters and things relating to the partnership usually or properly entered in books of account kept by dentists, and in particular each partner shall enter in proper books all charges for professional business transacted by him, with all necessary particulars relating thereto. Such books and all papers, letters and writings relating to or belonging to the partnership shall be kept and shall remain at the offices of the partnership, and each partner shall at all times have free access thereto.

14. This agreement shall continue for a term of one year from the date hereof and shall be renewed upon the same terms and conditions for another year and thereafter from year to year unless one of the partners shall at least thirty days before the expiration of the year then current, notify the other partner in writing of his intent to dissolve the said partnership, in which event the said partnership shall terminate at the end of the said year then current and the partner-

ship assets after the payment of all of the partnership liabilities shall be equally distributed between the partners.

15. In case of the violation of any of the covenants and obligations of this agreement by either of the parties hereto, the other party may at his option dissolve the partnership by giving such other partner written notice of his election so to do within..... days after becoming aware of such violation.

16. If either of the said partners shall die during the continuance of this partnership the surviving partner may at his option purchase the interest of the deceased partner in the partnership at a price to be fixed by some disinterested person to be agreed upon between the surviving partner and the legal representatives of the deceased partner and in the event no such agreement can be made then the price which the surviving partner shall pay in order to purchase the interest of the deceased partner shall be fixed by three appraisers, one of whom shall be designated by the surviving partner and one by the legal representatives of the deceased partner and the third to be appointed by the two appraisers named as aforesaid.

In the event that the surviving partner shall exercise his option to purchase at the price so fixed, payment therefor shall be made by the surviving partner to the legal representatives of the deceased partner within..... days from the date of the fixing of the purchase price.

IN WITNESS WHEREOF the parties to this agreement have hereunto fixed their hands and seals all as of the day and year first above written.

.....
.....

What are the advantages of a "working agreement" between two dentists, compared to that of a partnership arrangement?

What is the most practical and satisfactory basis upon which a dentist known as "A," with an increasing practice, may select an associate known as "B," under the following conditions:

Dentist "A" has a modern office with a large and growing practice and can secure additional space in his present location.

Dentist "B" has his own equipment sufficient for one operating room, and will move into "A's" location.

Dentist "A" has been doing about twice the amount of business done by Dentist "B." Both have good reputations. Dentist "A" will provide all reception room furniture, etc., Dentist "B" simply moving his equipment into one of the two operating rooms in Dentist "A's" location.

Under the above conditions, what should be "B's" share of rent, telephone, dental nurse charges, etc.? What proportion of fees collected by "B" from patients turned over to him by "A" should be given by "B" to "A" during the time such patients continue to have their work done by "B"?

First year.....	%
Second year.....	%
Third year and thereafter.....	%

The advantages of a "working" agreement between dentists compared to a "partnership" arrangement are many. Most agreements are the result of a chain of circumstances which are easily affected by changing conditions most of which cannot be foreseen. Best results are obtained in an office where "one" is master and not "two" as in a "partnership" agreement. It is a difficult matter to divide the power of a practice equally. Most dentists with experience have their own ideas and it is sometimes very difficult to readjust or reconcile these ideas with those of others. Marked differences of opinion are more liable to arise after becoming associated with a partner than can be demonstrated beforehand and then it is too late to correct the mistake. It is much better for all concerned for one dentist to be in absolute control of a practice and employ others on a "working" agreement basis. Such an arrangement should be initially entered into for a relatively short time (three to six months), or if for a longer period should include a termination clause on three to six months notice by either party, which will give each an opportunity of finding himself.

Under the conditions named in the question, an equitable "working" agreement would, among other provisions, include the following:

1. On the basis that A has about twice the patronage as B, the rent, telephone service, dental-nurse services, light, heat, etc., would be divided as follows, which takes into consideration also B's share of the depreciation and use of A's reception room furnishings etc.:

A's share.....	60 per cent
B's share.....	40 per cent

2. B. should provide at his own expense all operating equipment, materials and supplies used in his practice. As his practice increases he should also provide at his own expense, the services of a dental nurse, leaving the first nurse free to serve A. exclusively. Another phone might also be necessary, the expense of both items then being withdrawn from the original understanding, each dentist paying his own expenses in that respect.

3. For all cases turned over to B. by A., A. should receive from B. the following proportion of fees collected by B.:

During the first year.....	40 per cent
During the second year.....	35 per cent
During the third year and thereafter.....	30 per cent

4. Should new patients come to B. voluntarily, he would retain the full amount of each fee. This would not only be equitable, but an incentive for B. to put forth his best efforts in building a future practice for himself, which every ambitious dentist working under like conditions should look forward to. At the same time, although obliged to give up a large share of his fees, he is undoubtedly benefitting by the association and influence of usually an older and more experienced practitioner.

A standard form of agreement, which of course will be subject to changes according to circumstances, follows:

Form for Working Agreement Between Dentists

AGREEMENT, dated the.....
day of.....19....., between A., of
.....party of the first part and
B., of.....party of the second part.

WHEREAS both parties hereto are dentists practicing in the City of.....and desire to make an arrangement whereby B. will move into the offices now occupied by A. and have the use of an operating room and other facilities hereinafter mentioned now included in the offices of A. upon mutually satisfactory terms.

Now, THEREFORE, in consideration of the premises and of the mutual agreements hereinafter set forth, the parties hereto agree as follows:

1. A. is to permit B. during the period of this agreement to have the use of one of the operating rooms now included in A.'s offices, such room to be designated by A.

2. A. agrees to provide complete dental suite facilities and furnishings (with the exception of operating equipment), telephone and the services of a dental nurse for the joint use of both parties and B. agrees to pay to A. for the use of such facilities and furnishings, telephone, services of dental nurse and other facilities furnished by A. an amount equal to one-third of the cost to A. of such services or facilities. It, however, being agreed between the parties hereto that B. will at his own expense employ a dental nurse when in the opinion of A. the joint practice of the parties hereto require the services of another dental nurse, in which event B. shall be no longer required to pay any part of the compensation payable by A. to his dental nurse.

3. B. agrees to move into the operating room in A.'s office to be designated by A. his dental equipment and to furnish at his own expense all equipment and materials used by him in his practice.

4. Neither party shall be entitled to receive any share of the compensation received by the other party for professional services performed by such party for his own patients; it, however being agreed that during the first year of this agreement B. will pay to A. for all cases turned over to him by A. 40 per cent of the compensation received for services performed for patients so assigned to him by A., and that during the second year of the said agreement B. will pay in all such cases 35 per cent of the fees received from patients assigned to him by A. and that during the third year of this agreement B. shall pay A. 30 per cent of the fees received from patients

assigned to him by A.; it being understood, however, that B. shall not pay to A. any part of his compensation received from new patients who come to B. voluntarily.

5. This agreement is to extend over a period of..... years from the date hereof except that either party shall have the right to terminate this agreement upon giving to the other party.....months notice in writing of his intent to so terminate the agreement.

6. It is expressly understood and agreed that this is not a partnership agreement and that neither party is the agent of the other for any purposes whatsoever and that neither is liable in any manner or to any extent for the debts or liabilities of the other whether personal or professional.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands and seal this.....day of
.....19.....
.....
.....

SECTION VII

Intimate Hints for the Dentist



Health Hints as a Factor in Selling Your Services

BY talking health we mean that a dentist should first give a full explanation to his patient as to what benefits will be received from a health standpoint.

Mechanical features should be kept in the background until the subject of health has been thoroughly discussed. Every patient improves his health in one way or another through good dentistry and the dentist must lay stress upon these benefits. Men and women, and even children, know that to properly enjoy life they must be healthy. When appealing to them from the health viewpoint their attention and understanding is more easily gained than when mechanical principles, as involved in dentistry, are made the main subject.

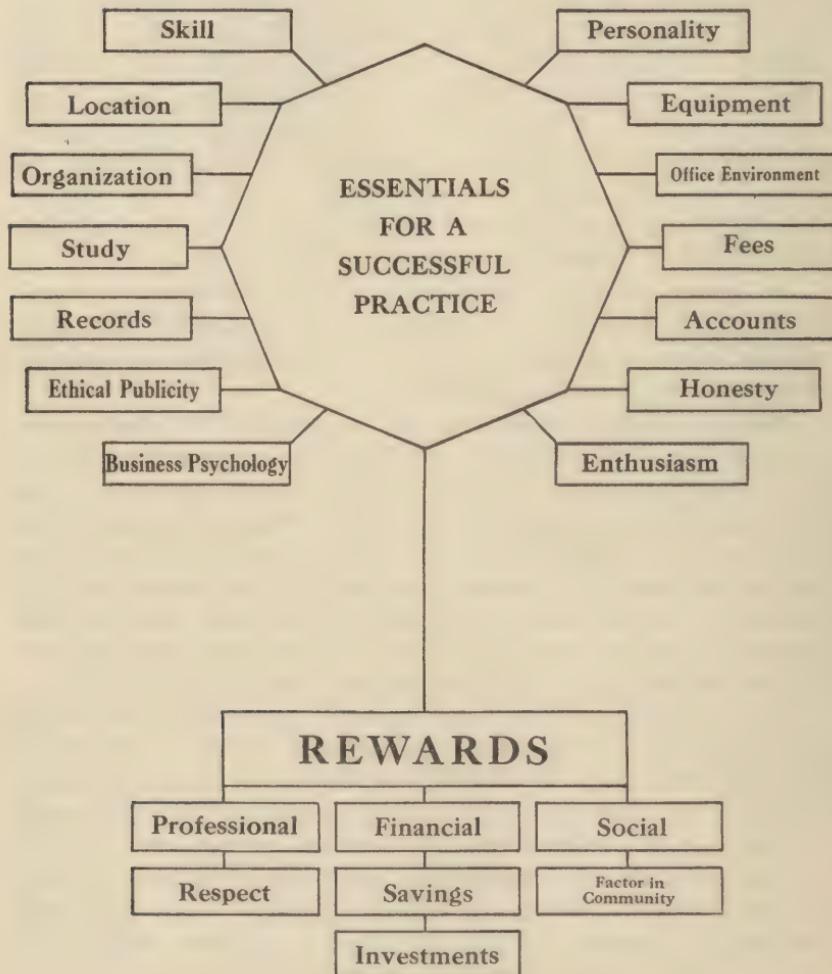
An appeal by the dentist from a purely mechanical standpoint places what he has to sell on a commodity basis and usually causes a desire on the part of the patient to shop and make strictly price comparisons.

Patients cannot appreciate the importance of mechanical dentistry and are inclined to believe that a crown is a crown and a hole in the tooth is one merely to be plugged up. The successful health appeal is one which creates the desire for the dentist's health treatment and makes the mechanical restoration merely a "means to an end." If we want the laity to know that dentistry is a real science then dentists had better not make "mechanical restoration" the prime subject of their appeal, until after the patient's first or second visit.

After a health talk has been properly given which embraces such subjects as immediate health improvement, future health benefits, removing mouth offensiveness, personal appearance, etc., and the dentist is sure that these points have impressed the patient, then is the opportune time to explain, with the aid of study models, the mechanical side of the question. Study models are a valuable aid in bringing truths home to patients because it is second nature for them to believe things that they can see. This method of selling health dentistry is very

THE DENTIST

"He profits most who serves best"



effective because the patient is given enlightenment upon the subject which is not possible without the aid of study models.

Patients often have to confer with other members of their family as to whether or not is it advisable to enter into a contract with the dentist, especially if the case is big and the fee involves considerable money. In such instances, if the dentist has not enthused the patient with the health feature of the case, the only side which will be discussed at home is the fee involved. However, if the patient goes home enthused with the health side of the case the fee will be only a secondary consideration. This again avoids bringing up at home the names of other dentists who might do the *mechanical work* for less. Patients who are told only of the mechanical side of the question will go home with the fee foremost in their minds and tell other members of the family that the dentist proposes to give them a denture or a bridge for \$150. To most people it appears that any dentist can make a bridge or denture and usually for considerably less money. To them there is no difference in these appliances and they presume that all dentists not only use the same material but also work alike. They do not know that many dentists might suggest certain classes of work which are really contra-indicated in their particular case.

If the dentist has given the patient an intelligent and understanding health talk that patient will carry the story to the other members of the family and relate it to them from the health viewpoint. The dentist should remember, however, that even at its best, the story will only be half told. He will do well to display his personal interest in the patient by making an appointment for another member of the family who perhaps might be interested only in the fee side of the case. The purpose of the appointment is to give that person the very same health talk which was given the patient. If the patient is enthused with what the dentist had to impart, the third party no doubt will also enthuse when given the story at first hand. All of this procedure, if properly carried out, will make the mechanical side of the case a "means to an end" and the fee, which ordinarily would be first in thought, will be placed in the background.

People are the same the world over. They question those

things which they do not clearly understand. They do, however, want to believe those things which they understand sufficiently to know that added comfort and health will be gained through them.

Talking over a Patient's Head, Its Meaning

By "talking over a patient's head" we mean that a dentist makes a mistake with the average patient by explaining to him in highly technical terms what he proposes to accomplish. The average person knows little or nothing about occlusal surfaces, inter-proximal spaces, the free margin of the gum and many other similar phrases. The patient may appear to be listening and in most cases does so out of courtesy, but this is not always an indication of his grasping the highly technical thoughts which the dentist is giving. Patients as a rule are not apt to display their ignorance by requesting a further explanation of these things. The result is the promotion of a question in their minds with regard to the work, even though they consent to have it done. This usually results in a dissatisfied patient at the conclusion of the work. In some instances patients will put the dentist off by stating that they want to think it over and that they will come back again, but generally do not do so.

The dentist should couch his explanations in the terms most easily grasped by the patient.

A Nucleus for a Prophylactic Health Talk

The dental profession has a very noble aspiration—namely, to eventually eliminate the necessity of having to make restorations. This end is to be brought about through teaching by the profession, and the gradual evolution of the younger generation. This degree of excellence can only be secured through preventive dentistry commonly known as prophylaxis.

Prophylactic treatments are slowly but surely becoming popular with the layman, and especially with the younger generation to whom it is being taught in all educational institutions. Ignorance of the virtues of prophylaxis still exists with the greater percentage of parents. If this condition is to remain, then the progress and ultimate goal of the dental profession will be greatly retarded, and the health of the masses

continue to be impaired. Many parents are being reached by the dentist through the education given their children on mouth hygiene. The greater percentage of them, however, try to belittle the efforts of the dental profession as a whole and the educators who are making the teaching of mouth hygiene their life work.

If prophylaxis is preventive dentistry, or a stepping stone to it, then it should be the purpose of each dentist to not only preach prophylaxis, but to get every patient to consent to complete prophylactic treatments. Unless the patient is given something to visualize, it is difficult for him to differentiate between ordinary tooth cleaning and prophylaxis, for this reason he believes the average fee asked by the dentist is not justifiable for what he is to receive in return.

Patients have been told many conflicting stories about their teeth as causes for tooth destruction. It has been stated to some that they are subject to tooth decay, because their teeth are naturally soft. Some were told their trouble could be attributed to a general salivating condition. Less than a decade ago, most of them were told that when the mouth is once in complete repair, and providing they brush their teeth religiously, further tooth decay would be eliminated. Regardless of these statements and the patient's efforts, tooth decay continued even in the presence of the best restorations. The profession, as a whole, has done the best it could, and cannot be held to blame because dental research had not discovered the cause of tooth destruction which was evident in apparently healthy mouths.

The origin, and nature of plaques, and the fact that they are evident in every mouth, which has never been subjected to prophylactic treatments should be fully explained to the patient. Evidence of their presence should be proven through the application of disclosing solution and through the medium of a transilluminating room and the aid of a transilluminating lamp. The patient should be told that the black specks which are only visible through the foregoing procedure are colonies of micro-organisms whose ambition it is to energize sufficiently to break through the enamel wall, thereby starting rank tooth destruction.

The patient should be told that the only reason plaques can

accumulate in colonies on surfaces of teeth is through the collection of foreign substances, resulting from the improper brushing of the teeth, or because of roughened enamel surfaces, or imperfect tooth restorations which afford a harboring place for these colonies. Prophylaxis technique should be so fully explained that the patient realizes that it requires no little effort for the proper removal and elimination of plaques, and so there is the understanding that the fee asked by the dentist is commensurate with the work. Patients will be surprised to learn that a bristle brush or other polishing medium will not remove plaques, and that this can only be accomplished through the use of steel instruments designed for the purpose. Every particle of tooth surface, including the free margin of the gums, must be planed with painstaking care. Patients do not know that when the plaques have been removed their former locations on the tooth are left in a roughened state, and that the dentist must go over these surfaces again with effective polishing material, in order to polish the plaques' former locations and the balance of the tooth to a mirror-like finish. When this technique has been minutely followed out, the restorative work having been made as perfect as possible, then, providing the dentist will educate the patient to properly floss and brush his teeth and the patient religiously carries out these instructions plus periodical examinations and barring accidents, this individual patient will have preventive dentistry.

Patients must be made to feel the results of prophylaxis in an imaginary way before the treatments take place. They must be told that the old rank taste constantly present in the mouth will, through these treatments, be eliminated. They should be told that the offensive taste will not be evident when they wake up from a night's sleep. A sudden awakening to an offensive breath on their part, during close conversation, will be absent. It perhaps is needless to say that all patients have a desire for the elimination of breath offensiveness, as well as to establish in their own mouths preventive dentistry.

It is not the fee which causes the average patient to stop at prophylaxis, but is instead a lack of understanding. It is up to the dentist in his prophylactic health talk to patients to not only give them an understanding of it, but also to make them see it through the medium of the transilluminating room,

and to gauge his talk in such a way that the patient will feel, through imagination, the freshness of it in his mouth. The dentist who has submitted to complete prophylaxis in his own mouth, who practices what he preaches, and who believes in it, has no difficulty in giving prophylaxis to his patients at a remunerative fee.

Dentists who can enthuse their patients will have no difficulty in making them understand why an average case of complete prophylaxis on a full upper and lower set of teeth cannot be completed within a total time of less than 6 to 8 hours. Patients of average intelligence can then understand the difference between prophylaxis and ordinary tooth cleaning. Patients will no doubt believe the dentist when he states that, if they want an ordinary tooth-cleaning, they can do for themselves just as good a job as he can by purchasing a new tooth-brush and a can of tooth powder and brushing their own teeth for 20 minutes at home, thus saving the fee.

Space will not permit a more detailed treatise on a prophylaxis health talk. We have tried to form a nucleus around which to build your story most receptive to it.

Practising What You Preach

If you were being introduced to a tailor, who was wearing a shabby suit of clothes, you would be inclined to form your opinion of him upon several things. The principal one would be that the suit of clothes which he had on was made in his shop and that it is suggestive of the type of work he does. A shabby suit, aside from being out of date, is usually a misfit, even though it originally was a model.

Your next impression would be his lack of enthusiasm for his product, which in itself suggests failure. Under the above conditions it would be hard for him to convince you that what he suggests for your personal apparel and welfare is authentic. This tailor would not get your patronage.

This illustration could be applied to certain dentists in exactly the same way. The dentist who owns a shabby office, which through obsolete equipment is completely out of date, automatically suggests to his patients that he is not progressive, and if so is not in a position to care scientifically for their welfare.

There is another way that the "tailor" illustration can be applied to certain dentists, this being to those whose mouths show evidence of neglect. When a dentist is being introduced, the new acquaintance unconsciously glances at the dentist's mouth, and if it bears evidence of things contrary to good dentistry and the teachings of mouth hygiene, the new acquaintance cannot help but accept this as sure evidence of the dentist's failure in his profession, as well as his incompetency to suggest to his patients what they should have as laid down and taught by international authorities upon the subject of dentistry.

Certainly a dentist who does not practice in his own mouth what he preaches cannot enjoy that real confidence which not only enthuses his patients with his ability, but also causes them to go out of their way to tell others of it. Every successful man, whether professional, business or tradesman, practices what he preaches.

Correct Office Wearing Apparel and Factors Determining It

The thought that should be foremost in mind when selecting office wearing apparel is an attire which will harmonize with the dentist's physical build and also "impress the patient with the professional side of dentistry." Dentist's office attire carefully selected improves the dentist's personality, and suggests immaculateness and cleanliness.

For the dentist who is specializing entirely in oral surgery a complete white attire would be correct. His uniform should consist of white orthopedic shoes, white socks, white trousers and white gown. Whether the gown should be short or long will be governed by his stature.

Those in general practice should also be distinctive in their office wearing apparel, but not necessarily to such an extent as those specializing in oral surgery.

The following are suggestions for dentists in general practice taking into consideration their physical make-up.

SHORT, STOUT OPERATOR—Silk pongee coat with buttons concealed.

TALL, SLENDER OPERATOR—White gown with belt effect in small of back, knee length. The bosom of gown should have

a reinforced effect. This style will give a tall slender operator a snappy, uniformed appearance, etc.

TALL, STOUT OPERATOR—For such men the smock will be most effective. The length should be that of an ordinary coat, the collar should be of military design and fastened at the back. A belt effect should be given it at the small of the back.

SHORT OPERATOR OF SLIGHT BUILD—White gown of knee length. This type of operator can wear effectively extreme designs, such as form fitting, pinch-backs, complete belt, etc.

With all of the foregoing suggestions the sleeve lengths must be given careful thought. In this connection we might state that the full length sleeve is not always practical because it readily becomes soiled and will easily catch in hair nets of lady patients. Every dentist cannot wear the three-quarter length sleeves especially if he has a heavy growth of hair on his forearm or if his arm should be poorly formed. For such dentists we would suggest a full length sleeve with tie string or elastic at the wrist. The sleeves at the wrist must be free from buttons or braid so as not to catch in the patient's hair.

We would suggest the wearing of white trousers regardless of the length of gown, coat or smock.

We also suggest white shoes of orthopedic type. The busy dentist stands on his feet continually and therefore must give thought to foot health. Orthopedic shoes insure arch support and foot comfort, which is so essential for the dentist's physical welfare.

How to Dismiss Patients

A dental office should be so arranged that the patient may be dismissed through the business office.

The psychology of this procedure on the patient when leaving the office suite through the business department is that the dentist is not only interested in overcoming pain, making mechanical restoration and giving the patient a stepping stone to health, but also in the remuneration which he will get and that this remuneration is to be paid promptly.

Passing out through the business office is very similar to passing the cashier's desk in a store and is an impressive reminder that dental services are to be paid for either in cash or within a reasonable period by those who may have charge accounts.

Why the Dentist Should Keep His Main Entrance Door Closed

For a dentist to keep his main entrance door open is to extend a silent invitation to every solicitor, canvasser, etc., to intrude into his reception room, and compel either himself or his nurse to waste productive minutes in listening to their visitors' explanations and reasons for being there, with the additional time thrown away in responding to their arguments. When one considers the work that might have been accomplished either by the nurse or dentist during the time given freely to these non-producing interruptions, it sums up into hours and dollars. Real estate offices, employment agencies, office building barber shops and beauty parlors keep their main entrances open. Surely the profession does not desire to have their dental suites placed on a par with this class of office.

The advertising value of an open reception room door is absolutely nil. In fact, it is a real drawback in numerous instances. For example, let us take the attitude of the average tenant and his employes in an office building toward a dentist's reception room devoid of patients, and which can be viewed from the hall. Not knowing that the dentist works only by appointment and rarely seeing patients waiting in the reception room, these people inevitably come to the conclusion that this dentist must have a lack of patients and does not enjoy a successful practice. This impression you may be sure is freely spoken of to others in the building, and thereby spreads elsewhere.

As, naturally, every reputable person should be looked upon as a prospect, the dentist by his open-door method has not only lost a possible patient, but has created an undesirable impression which will react as long as gossip holds sway. This is especially applicable in a large office building. In such a building there are numerous tenants who would no doubt prove desirable patients. These people passing an empty reception room several times a day would, through lack of understanding, class the dentist a failure, and would hesitate to recommend or patronize a dentist if they believed he had no established practice.

When and Under What Conditions the Dentist Should Keep His Operating Room and Retiring Room Doors Closed

A dentist who employs the services of a dental nurse should feel that it is perfectly proper to keep his operating room and the retiring room doors closed. For the dentist who strictly observes the rules of propriety it would be well to keep his operating room and retiring room doors open at such times as he is not busy with a patient. This will be added protection not only for him but for his nurse as well.

Dentists located in the smaller cities should be particularly careful about observing these rules of propriety.

The dentist who does not employ the services of a nurse should keep his operating room door as well as his retiring room door open at all times. There is nothing that will involve a dentist and an innocent patient as quickly as idle gossip by people so inclined who are waiting for him in the reception room while he is engaged in operative work upon a patient behind closed doors. The dentist practicing by himself will find the "open door" the best policy.

For the dentist who is busy enough to employ the services of a nurse the patient in the chair should receive his undivided attention and therefore he should not be too easily reached. If the door leading from the reception room into the operating department is kept open it brings about a suggestion of dentistry. Again, to the exacting and fastidious patient, it conveys the thought that he is not concentrating.

To the patient in the chair it brings about a feeling of embarrassment for the reason that when a door is left open conversation which takes place is apt to be overheard by the waiting patient. Arrangement for payments, fees quoted, etc. are of confidential nature and privacy in the busy office is all-important.

Throughout the year a good many hours are wasted because patients take the liberty of walking in upon their dentist in response to the silent invitation which the open operating room door gives them.

Collection Signs and Effects of Their Display

It is not good form to display collection signs in any department of the modern dental office.

A dentist takes pride in having his patients believe that his practice is made up of responsible people. When displaying collection signs many of his patients are apt to infer that his practice is of the doubtful class.

If the dentist has the proper understanding with his patients regarding policies of accounts, etc., before the case is started, he will not need a display of these signs. Cash signs do not suggest business acumen. They are indicative of the Doctor's hesitancy to discuss such matters and are virtually an acknowledgement of an apparent weakness—the lack of courage to ask for and obtain a proper fee.

Displaying Dissecting Charts and Skulls in Various Departments of the Dental Suite

It is not proper for a dentist to display dissecting charts or human skulls in any part of the office where a patient can view them. Most of us in the profession have become hardened to these objects and they do not bother us as individuals but a sensitive woman cannot view them without a shudder.

Dissecting charts and human skulls are not pleasant things to look upon and they are most apt to leave a disagreeable impression.

Why it is Poor Policy to Give X-Ray Films to Patients

Generally speaking, it is very poor policy to give x-ray films to the patient. To do so promotes a desire to shop among dentists using the x-ray film as a basis. Patients do not repeat accurately the diagnosis given them and often-times, when telling one dentist of another's diagnosis, imagination is brought into play and through misrepresentation both dentists involved are placed in most embarrassing positions. So far as the patient is concerned only one of the two dentists is correct and the other, even though he gave a correct diagnosis which perhaps was couched in different terms, is frequently spoken of to her friends as an unreliable practitioner.

When the dentist gives the finished radiograph to the patient as property he parts with the one big authentic record which he has of the case. Expensive law-suits have been lost by dentists because they could not produce radiographs of the case as evidence of conditions as they existed before and after the case was finished.

Patients who have systemic disturbances often request that the radiographs be given them to be viewed by their physicians. In such instances it is better for the dentist to suggest mailing them to the physician, together with a type-written diagnosis outlining the oral treatment which he suggests. Under no conditions should he give the patient a verbal diagnosis to be delivered to the physician because there is too much opportunity for an incorrect repetition.

Self-Analysis and Self-Improvement

The following Self-Analysis Character Chart if seriously studied by the dentist, will do much toward helping him find his weaknesses and the remedies for their elimination, in addition to giving him a certain mental broadening. The dentist should not read the negative and positive sides of the chart only once and then expect that he has sufficiently covered the subject. The proper way to study the character chart is to study three negative subjects each day and their respective opposites—namely, the positive. After all of the subjects have been studied in this manner, then it will be well to start all over again, because new avenues of thought will be opened each time that the various negative and positive subjects are studied.

SELF-ANALYSIS CHARACTER CHART

<i>Negative</i>	<i>Positive</i>
INACCURACY.....	ACCURACY
EGOISM.....	ALTRUISM
LOW DESIRE.....	ASPIRATION
FEAR.....	COURAGE
DIFFUSION.....	CONCENTRATION
MISTRUST.....	CONFIDENCE
VACILLATION.....	DETERMINATION
PROCRASTINATION.....	DESPATCH

<i>Negative</i>	<i>Positive</i>
INDECISION.....	DECISION
EXTRAVAGANCE.....	ECONOMY
LISTLESSNESS.....	ENTHUSIASM
DISEASE.....	HEALTH
DISHONESTY.....	HONESTY
LAZINESS.....	INDUSTRY
IGNORANCE.....	KNOWLEDGE
DISLOYALTY.....	LOYALTY
FORGETFULNESS.....	MEMORY
UNTIDINESS.....	NEATNESS
PESSIMISM.....	OPTIMISM
IMITATION.....	ORIGINALITY
FICKLENES.....	PERSEVERANCE
WORRY.....	PEACE
EXCITABILITY.....	POISE
INEXPEDIENCY.....	TACT
JEALOUSY.....	TRUSTFULNESS

Condemning a Brother Practitioner's Work

As it is human nature to do good work and also some poor work, it will be well to keep this fact foremost in mind at a time when tempted to condemn work which some other dentist has done. There are certain good points about each dentist's workmanship, even though fault may be found with some of it. In most cases where a dentist is guilty of condemning the work of a brother practitioner, the patient is usually responsible for having brought about the criticism. There are some patients who, when seeking the services of a dentist, do not hesitate to start right out with a conversation about the poor work and treatment which a previous dentist has given. If a careful checkup is made on such patients, it usually develops that most of their complaint is imaginative and due to their lack of understanding of dentistry.

When a patient complains about the work which has been done by a former dentist, it will be highly professional to try to turn the conversation to some other subject or directly to the subject in hand—namely, a diagnosis of the case and a discussion of the work which is to be given. Should the dentist be pressed for his viewpoint with regard to the work of a pre-

vious dentist, he should try to point out its good features and to make light of its poor points. No patient will take offense when told that it is not possible for every piece of dental work to be 100% perfect.

There is another viewpoint with regard to condemning the work of a brother practitioner, which is that some patients are not conscious of poor work which has been given them. If a dentist feels that the work should be removed because it is poor dentistry, he should study the question of replacement very carefully before suggesting it to the patient. When making such a suggestion he should bear in mind the Golden Rule with regard to the previous dentist. It must be remembered that some patients are very difficult to work upon. Poor work is often as much the patient's fault as it is the dentist's.

There is such a thing, however, as protecting a brother practitioner when he is not entitled to it. When it is evident beyond a doubt that the former operator was directly and willfully careless, for which there was no excuse, then the dentist should not be too delicate in considering his feelings. The duty of the dentist is to conserve the health of his patient, and for this reason he must tell truth so as to convince the patient that certain work must be done over.

Proper Records of Cases

It is very important that dentists keep a proper record of all their cases. There are many different types of record cards for this purpose sold by various concerns. All work which is done for the patient should be carefully charted, and a written record should also be kept of the patient's clinical history and systemic condition at the time that the case was accepted.

Quite frequently, and sometimes years after the case has been completed, dentists are called upon by their confreres, physicians or the patient for certain information about the case which existed at the time that it was accepted. To be in a position to give the information accurately and on short notice not only speaks well for the dentist's business ability, but also protects him at times, when certain discrepancies are claimed by the patient and misleading statements are made.

Sometimes a patient will claim, in good faith, that a certain filling was put in by the dentist and that it came out because of

faulty workmanship. If a proper record of the case is kept, it is not a difficult matter to determine whether the filling in question was put in by the dentist or by a brother practitioner. A proper record of the patient's case will soon prove to the patient that some other dentist put in that particular filling, if such really was the case. Proper case records, if referred to at a time when a patient is making unfounded claims, will go a great way toward removing any doubts which the patient might have, in addition to avoiding the possibility of the patient becoming unjustly suspicious of the dentist.

Proper case records, maintained and kept even for a lifetime of practice, are an iron-clad protection in many respects for the dentist.

Advance Arrangement with Patients for Payment

It is a good business policy to give the patient a definite understanding of what the work will cost before the case is started. This is especially true with cases which are not complicated and for which the dentist may set a definite fee, knowing in advance that he will not run into mishaps requiring additional operative time. This suggestion if followed will eliminate arguments which might result between the patient and dentist at the time payment is expected.

When a case for which a definite fee can be set runs into a considerable amount, it is good policy to put in writing a complete statement of the work to be done and the fee to be charged. The original copy is to be given to the patient and signed by the dentist. The duplicate is to be signed by the patient, and then retained in the dentist's files for future reference should occasion for it arise. We do not suggest that this practice be applied to each patient. However, it is an added protection for dentists, at least with such patients who are apt to become confused with verbal statements or who seem to be dense. It can also be successfully applied to those patients whose credit rating seems to be doubtful but upon whom the dentist may be willing to take a chance.

As has been pointed out in other sections of this book, it is not always possible for the dentist to set a definite fee, especially on complicated cases. There are many patients who expect some idea of what the work is going to cost them, and

in such cases we would suggest that a minimum and maximum fee be quoted—that is, not less than \$..... or more than \$..... The psychological moment to discuss the method of payment is at the time the fee is being quoted. There is no time quite so apropos for a discussion of this important subject with the patient. To accept the opportunity relieves the patient and the dentist of all embarrassment, because the subject can be approached easily and naturally. In the absence of credit information on new patients, arrangements should be made for about one-third down before the work is started, one-third when half finished, and the balance upon completion. New patients usually seek a dentist's services through the recommendation of a friend and, because of it, have some confidence in the dentist and his ability. Usually such patients will have no hesitancy about an arrangement of this kind unless their financial condition is such that they do not have the necessary down payment. This will bring the situation to a focus, and will give the dentist an insight into the patient's financial status.

When credit information on a new patient is insufficient or of such a nature as to put him in a doubtful class, it is a good plan to request that one-half the amount for the case be paid at the time it is started and the balance upon its completion. A new patient, if reasonable, will not object to an arrangement of this kind. To those who would object it might be well to state that up to the completion of half the case the dentist will be owing the patient, while during the time that he is working on the last half and up to its completion the patient will be owing him. One offsets the other. However, there are some, usually of a prominent social status, who are extremely sensitive about being asked to make any payments prior to the completion of the work. Such problems must be solved by the individual dentist, because he only can be the judge of what it is best to do in each case.

Every dentist has patients come to him who are responsible and reliable. With such patients it is not important to enter into advance arrangements for payments except, perhaps, at the time that the amount of the fee is stated, to infer that payment in full will be expected on the first of the month following the completion of the work.

For dentists located in manufacturing districts and who have a large percentage of the laboring class as patients, it might be well to inquire as to how these patients are being paid their wages—that is, whether weekly, semi-monthly or monthly. A dental fee of over \$50.00 frequently works a hardship upon such patients if the payment is allowed to fall due in one lump sum. Even though such patients are honest and have the best of intentions so far as dental services are concerned, the dentist's account sometimes has to wait for quite some time before it is paid, due principally to the fact that the patient may have a large family and can only save in very small amounts. This frequently causes the dentist's account to be set aside for a time until sufficient money has been accumulated to make a substantial payment. It might be well, in such cases, to try to arrange with the patient regular payments for small amounts to fall due on payday. This will give the patient the opportunity of making payments while the work is in progress, and by the time the case has been completed the balance due will not seem such a hardship. All of the foregoing suggestions will ordinarily work out satisfactorily and without offense to those patients who are honest and with good intentions. Therefore, these suggestions should not be regarded as a safeguard against those patients who set out to beat the dentist. It must be remembered that, for certain patients, all schemes for credit extensions are apt to fall by the wayside when it comes to collection.

Agency Reports on New Patients. Some Rules for Extending Credit

Most all cities, large or small, have listed among their many business institutions a rating agency whose business it is to give to its subscribers for a nominal monthly or annual fee the credit rating of individuals or concerns. These agencies, when making reports, take into consideration the individual's vocation, income, property, number of people in the family depending directly upon him for support, his and the dependents' standard of living, and also his reputation for honesty. They keep a record of his credit relations with the local merchants and the manner in which he has met his credit obligations.

Every dentist, unless he is practicing in a very small com-

munity and because of it is intimately acquainted with all the people in it, should become a subscriber to a rating agency. To do so is a first aid toward eliminating the extension of credit to deadbeats, and also the limiting of credit to such patients who are doubtful or who are known to take their own time in meeting their obligations. Aside from the foregoing, the reports of a rating agency will guide the dentist in properly classifying a new patient. It cannot be denied that many patients, who are comfortably situated financially, will plead poverty to the dentist. Such patients are usually entirely ignorant of the value of dental services. Nevertheless, they should be asked to pay a proper fee. In such cases the rating agency renders a very valuable service. To be able to get an accurate report on short notice on a majority of new patients is a service not to be overlooked. Agency reports will help the dentist to keep his overdue accounts to a minimum, and avoid the opening of accounts that will eventually be classed as "Uncollectible."

It is not always possible for rating agencies to give reports on every new patient, especially in cases where the patient is a newcomer in the community. However, it must be remembered that, in most cases, the new patient has been sent by some friend or patient in good standing. This does not mean necessarily that the new patient will be a good credit risk. In such cases, the dentist should not hesitate to ask the patient for at least three credit references. If they are given, the dentist should take them seriously enough to make proper investigation. The patient who has recommended the dentist is not always in a position to know positively whether or not the friend or chance acquaintance would be a good credit risk.

Every dentist, unless he is unethical, must expect to extend credit. If he is going to live up to the high ideals of his profession in the matter of serving his community and practicing the healing art, he cannot have a hard and fast rule which he will apply to all those who seek credit. To insist that all persons who present themselves must pay according to a set rule is as injurious to the dentist as it is good in other instances. There are patients who are worthy of long-term credit. They are in need of the dentist's services and seek him because they have faith in his ability. If it is determined that they are worthy and have honesty of purpose, the dentist should give them

consideration. Perhaps such patients have had sickness or financial reverses which, if claimed, can be readily investigated. It is not the honest, unfortunate patient for whom should be laid down a set of credit rules, but rather for those who live beyond their means, or for those who treat their creditors lightly and who feel that their patronage should be accepted by the dentist as a favor.

The following are twelve rules to be observed by dentists when extending credit:

1. Know your patient before extending credit.
2. The time to find out all about the patient is before the name goes on the books.
3. In the absence of agency reports, insist on references and investigate them before extending credit.
4. When the patient who seeks credit hesitates to give references, you hesitate to give credit.
5. Have the courage to say "No" to all those whom you consider unworthy.
6. Insist that it is necessary to have an understanding on *how* the account is to be paid, and to have terms met promptly in order that you may be prompt in paying your creditors also.
7. Do not allow a patient to decide as to when he *might* want to pay your bill. The deciding should be done by you.
8. It should be remembered that the loss of a few patients who will not pay their bills will help instead of hurt your practice.
9. In addition to depending entirely upon agency reports and the recommendations of friends, learn something about human nature, character and moral hazards.
10. Try to co-operate with your confreres on matters of extending credit.
11. Do not bank too strongly on references. Remember that an undesirable will always refer to those he has paid, and say nothing about the past-due accounts he is owing.
12. After extending credit to a patient, the terms of which have been agreed to by him, do not hesitate to demand what is justly due you. The patient will have more respect for you.



The granting of credit should be determined by the following three factors:

1st—Character.

2nd—Earning Power.

3rd—Manner in which others have been paid.

“Credit” is only another name for “confidence.” It is the power to obtain services by giving a promise to pay money at a specified time in the future. Credit is only as good and as strong as the person to whom it is granted.

Ability to Get the Patient’s Point of View

The mere fact that a patient comes to the office of a certain dentist does not necessarily mean that it is a foregone conclusion that the patient will consent to have the dentist do the work. A patient comes to the office usually through the recommendation of some friend, or again, through personal selection. One thought he may have in mind is that the dentist in question can do the work cheaper, or perhaps better, than some other dentist. Frequently the patient believes that the dentist can do both—that is, better work at a smaller fee than some other dentist. This, then, means that the patient must first be satisfied with the dentist’s ability to do the work, and also that the fee will be in keeping. It is at this point that some dentists lack the ability to get the patient’s point of view.

While it is true that some patients are half sold when they first come to the office, this does not signify that the dentist should be less enthusiastic and painstaking in giving the patient a health talk and explaining what he proposes to do. It must be remembered that some of these patients have not been obliged to seek the services of a dentist for years. They remember dental fees as they used to be, and it is not such an easy matter for them to grasp in a few moments present-day fees for scientific restorations. If the dentist can get the patients’ point of view, he will argue the fee situation from their side and not from his. If he expects such patients to pay increased fees he must be ready to spend some time in making his patients enthusiastic about the work which he proposes. He must be able to convince them that, in the long run, better dentistry is the cheaper.

It must be remembered that when a patient comes with an

upper plate which has been worn for years with complete satisfaction, which cost say \$15.00, that it requires patience and convincing argument to educate that patient to a \$150.00 fee for a gold plate which is scientifically articulated. The same holds true with a \$5.00 gold crown which has been worn for years, and for the replacement of which the dentist asks \$25.00. There are many similar illustrations that can be given. However, it all resolves itself to one point, that being, that the dentist must be prepared to give health talks and, through them, educate his patient, even though such conferences take up a considerable amount of time. The dentist must remember, when viewing the subject from the patient's standpoint, not to display too much dignity when the patient cannot immediately agree that the work which he proposes to do justifies the fee which he asks. Certain specimen cases which every dentist should have in his office, in addition to radiographs properly explained, are a valuable aid in converting patients to his viewpoint.

The Laity's Valuation of Dental Services

Until such a time as the members of the dental profession get together and take concerted action, joining hands with the dental manufacturer and the dental dealer in bringing the subject of dentistry to the attention of the laity in a more forceful way, it will be hopeless to expect the laity to place a higher valuation on dental services than they do at the present time.

It is only natural, as well as right, that the profession as a whole expects the same valuation of its services from the laity as that which is given to bankers, artisans and the medical profession. There are certain professions and businesses whose skill and learning is considerably less than that of the dental profession, but which are gaining greater recognition as well as greater remuneration than dentists. The reason that the laity takes certain professions and businesses more seriously than it does the dental profession is principally because of proper organization which makes publicity possible. After all, it is the public, in the final analysis, that sets a value on all services. Dentists may put a high valuation on the work which they do. However, if the public is unwilling to pay, principally because of lack of understanding, then if dentists want to continue in

practice they must give their services at a remunerative value which is within the limits of what the public is *willing* to pay.

The consumer (who in this case is the patient) ultimately places a value upon everything, and this value is determined by the need for the thing in question. If the need is great, the value of the article which fulfills the need is great, and vice versa if the need and demand by all is not great. Patients realize that surgical operations may save limbs, organs of the body or even the patient's life. They place a higher valuation on their limbs than on their teeth because they realize that, without certain limbs, their chances for success in life are very much handicapped. They place a higher valuation on their limbs than on their teeth because they do not want to be generally looked upon as cripples. From the viewpoint of nature, a man without teeth may be classed as a cripple to as great an extent as a man without his limbs. However, the difference lies in the fact that the man without limbs exhibits to everyone his crippled condition, while a man whose natural teeth have been replaced by artificial ones can, as a rule, get by in life without people knowing about it. It must be admitted that there are many dental operations which are very much more serious than the amputation of an extremity. However, the public does not know it, and therefore their valuation of these operations is reversed. The public places a very high valuation on the services of a surgeon because they realize that, through him and his skill, one's life may be saved. Since life is cherished by them more than anything else, they are willing to go to extremes to retain it. If the laity realized that retaining all one's natural teeth might add ten years to a person's life, they undoubtedly would place a greater valuation on dental services than they do at the present time.

As it is now, they believe that the loss of all of their teeth is not such a serious matter, even though it does inconvenience them for a time. There are members of every family who have lost some of their teeth and still seem to be successful not only in the pursuit of happiness, but also from the viewpoint of business. Patients know that, if they lose a leg, they will be seriously inconvenienced or should they have a diseased stomach they might be sick continually. However, if they lose one tooth or all of their teeth they feel that they can get along

without them, because the dentist can make new ones which, in their opinion, might be better than the natural ones they lost. They are willing to pay big fees so as to avoid the first mentioned evils, but they cannot see at this time why they should give much to avoid the latter.

The services of a banker carry a high valuation in the eyes of the public, because he deals in money. They realize that one must have money to do things with, and that most everything hinges on proper financing. The banker is not a complete medium from which to secure money. However, he is a very important one. The public realizes this, and because of it is willing to pay big fees for his services.

The dental profession will not come into its own until such a time as it has given the laity an understanding of what the dental profession is, and what it is possible for it to accomplish in the maintenance or improvement of health. When this understanding has once been given the laity through continuous concerted ethical publicity, then the laity's valuation of dental services will be such that remuneration will be on a par with the earnings of other professions and various lines of business.

Selling Complete Restorations

The reason that more patients are not sold complete restorations by dentists is because a certain amount of educational effort must be put forth in selling health dentistry. A number of dentists feel that, if they must first educate each patient who needs complete case work, they may become old men before they will profit by their efforts. Dentists who adhere to this thought are not only limiting and penalizing themselves, but their entire profession as well.

It is a common and daily occurrence for patients to present themselves at the dentist's office, asking him to fix a certain tooth which, unbeknown to the patient, is really less important than other work which should be given the preference. The majority of such patients are not fully aware of the true condition which exists, and the real reason they want a certain tooth restored is because it is so situated in the mouth and in such condition that it detracts from their appearance. This causes the patient to have what may be termed "dental consciousness."

When such patients are appealed to from the health viewpoint, they are usually reasonable enough to admit that the entire mouth does need attention. When such an admittance is once made, then it resolves itself into a question of selling the patient health dentistry. If the dentist knows how to sell his services, it will not be a difficult matter to get the patient to decide to have all the work done. Dentists should make up their minds to stop travelling the path of least resistance when trying to sell their services to patients. It must be remembered that if all patients agreed to have the work done a few moments after the dentist started to talk about it, more harm than good would result.

If the dentist would tell those patients who should have complete restorations that health is the first consideration, and that it is a dentist's purpose to eliminate unhealthy conditions from mouths, then he would be practicing proper psychology as a forerunner to gaining a favorable decision from the patient. He should strive to create a desire in the mind of the patient to preserve health, pointing out that complete restoration will give him immunity from constant dental patchwork. It is understood, of course, that dentists must make a thorough diagnosis of the condition of their patients' mouths, and show them how they can get, through complete case work, the greatest comfort and efficiency out of their teeth. The health talk on case work must be given so that it will be educational as well as interesting, in addition to being easily understood. Because of patients' ignorance of what real dental services constitute, dentists should not be too ready to give a patient the dentistry for which he originally came to the office. More thought should be given to what the patient really needs, and more effort put forth to gain from him a favorable decision.

Dental Societies

Some dentists are frequently complaining about dental societies. They claim that their chief reasons for either not becoming members or having discontinued their memberships are mismanagement and partiality, coupled with unfair politics. A dental society may be likened to any other organization which has for its purpose the furthering of the interests of its particular field of endeavor. In most every instance where complaint is

made about the inner workings of some society, it can usually be traced to the fact that the members as a whole have not taken the proper interest in the activities of the organization. It is true that they attend the meetings, but only for the sake of curiosity and not with the thought of contributing in some form or another to its welfare. Such procedure, if commonly indulged in by a majority of the members, always makes the life of the society dependent upon a few members who naturally, because of their interest and activity, keep it from passing out. This results in a few active members gaining control.

If every dentist took out a membership in his district, city or state dental society with the thought of putting into the organization as much and more than he gets out of it, most of the evils which it is claimed now exist, would be eliminated. The purpose of dental societies, aside from upholding and enforcing professional ethics, is to further the interests of the dental profession in every direction. The findings of those interested in research are given at first hand to the dental societies, where the latest and best is discussed with the thought of improving, if possible, the new findings. In other words, dental societies, while in convention, act as a clearing house for the best that is to be had, and through it, its members are directly benefitted. Every ethical dentist, regardless of his age or years of practice, should become a member of a dental society. If he will attend the meetings regularly, with the thought of learning instead of criticizing, excepting in a constructive manner, and with a keen desire to take part in the discussions instead of sitting back in his seat in order to let the other fellow do it, he will gain for himself just as much as he gives. To take an active interest in the society's proceedings will contribute just that much toward making dentistry a bigger profession, aside from co-operating in bringing dental health subjects to the attention of the laity.

It is up to the young dentist to relieve the older active executives of the many society duties which they have engaged in over a period of years. The young dentist should be willing to serve in committee work, in addition to giving clinics and reading papers in return for what he will get as a result of his efforts. It is surprising how very frequently older confreres will refer their overflow of patients to the active young dentist.

who is trying to build a practice, and who, aside from it, is proving his sincerity for the dental society's interests by serving in every possible way. It is also interesting to note that the more prominent a dentist becomes in his dental society, the more patients he seems to gain.

Never hesitate or be ashamed to let your fellow practitioners have the opportunity to judge of your ability, or to try to make your ability helpful to them.

Ability to Analyze a Patient's Needs

Aside from practical diagnosis, the ability to analyze a patient's needs depends upon the extent to which the dentist can place himself in the position of the patient.

Is the work which you suggest really indicated? Patients are frequently advised to discard certain dental work which is functioning properly, but which does not suit the whims of some dentists. Some of this work may have been serving the patient efficiently for years, and will continue to give good health service for a number of years to come. The mere fact that a localized condition needs repair, which does not in any way interfere with a previous restoration, should not prompt the dentist to suggest an entire housecleaning.

There are, of course, certain patients of means who do not appreciate dentistry except at times when they are compelled to spend a lot of money for it. In such cases, a rubber denture might be replaced with one of gold, because there isn't any question but that a gold denture, properly fitted, is much more pleasant to wear than one of vulcanite. The same thing might be said of a fixed bridge, in that it might be replaced with one of a removable nature. It is, however, doubtful whether it is the right thing, even with patients of means, to suggest new restorations to replace old ones, providing they are giving satisfactory service. If the dentist feels beyond question of a doubt that, by replacing old restorations with those of a more modern character, he will be improving the health of the patient, then he should be firm and positive in his convictions in the event that the patient, who can afford to pay, objects to the replacement.

Can the patient afford the type of restoration which you know is indicated and, if not, would an alternative and less

costly restoration last a sufficient time to warrant the substitution? If it will not, then you will be proving your sincerity for the patient's interests by your insistence in doing work which will result first, in the greatest benefit to your patient, and second, in profit and satisfaction to yourself through the knowledge that you have stood by what is right.

If a patient cannot afford the work which is indicated and for which no substitution can be given because of its short life, then the dentist should practice some of the ethics laid down by his profession. The welfare and interests of the dental profession can be safeguarded through the efforts of dentists to do only the character of work that is indicated. If the patient cannot afford to pay, but is honest and has good intentions, the dentist should suggest a convenient deferred payment plan, the amount to be secured by and divided into a series of interest-bearing notes signed by the patient. If certain patients must have dentistry which will safeguard their health, and which is to be of a character involving fees greater than the patient can pay at one time, there should be no objection on their part in proving to the dentist their sincerity and honesty of purpose by safeguarding the account with interest-bearing notes, in return for what the dentist will do for them with regard to health, comfort and improved appearance.

The ability to analyze the needs of a patient, and the suggestions for restorative work which follow, depend entirely to what extent the dentist puts into practice the principle of the Golden Rule.

Professional Courtesy

By "professional courtesy" is meant complete co-operation with a fellow dentist regardless of his professional status—that is, whether specialist or general practitioner. It also embraces co-operation with physicians, surgeons, oculists, etc. Frequently professional courtesy is referred to in connection with a reduction in fee when doing work for a member of the allied professions.

When the young dentist, because of his lack of experience in certain operative and restorative work, seeks the advice of a more experienced brother dentist, it is professional courtesy to

give the advice freely and whole-heartedly. If the older practitioner seeks from the young dentist enlightenment on technique in connection with certain new methods taught at college, it will be professional courtesy to not only tell him all about it, but also to offer to help him at his office on the case in question. When a general practitioner appeals to the specialist for guidance in a certain case, the specialist's response should be considered a professional courtesy.

When certain conditions in the mouth of a patient indicate a careful checkup on the patient's systemic condition, necessitating a conference between the dentist and the patient's physician, the time and information which the physician gives to the dentist should be considered a professional courtesy. This will also be true in cases where the dentist seeks information from the patient's surgeon, oculist, etc. When the conditions are reversed so that the patient's physician, surgeon, oculist, etc. seeks information from the dentist with regard to certain oral conditions, making it necessary for the dentist to lay out his records, x-ray films, etc. it will be considered a professional courtesy which the dentist gives to these members of the allied professions.

When there is some doubt in the dentist's mind as to the honesty of a new patient, and because of it he communicates with some dentist who has previously done work for the patient, it will be considered a professional courtesy to give a truthful report on the experience which the dentist has had with the patient, both from an operative and collection standpoint. This will also be true when the dentist is being appealed to by members of the allied professions.

In the smaller cities in which the number of dentists practicing is small, it is sometimes considered a professional courtesy to give personal service to a brother practitioner and members of his family at a reduced fee. The brother dentist usually reciprocates this professional courtesy with regard to fees when conditions are reversed. Sometimes it is good policy in the smaller cities to extend this professional courtesy, and vice versa, to physicians, surgeons, oculists, etc. The extent of this type of professional courtesy depends entirely upon a mutual understanding, and also to what extent members of the allied professions send new patients to the dentist, and vice versa.

Usually this professional courtesy is limited to just one member of each of the professions.

In the larger cities, professional courtesy with regard to fees is rapidly disappearing, because dentists, as well as members of the allied professions, realize that a brother practitioner's time must be taken into account, and because of the limited number of productive hours during the year it is unfair to expect him to work for a fee which involves only operative cost or less. If this professional courtesy were given free reign in the larger cities, then some dentists would be working exclusively on personal service to brother practitioners and members of the allied professions, which could result only in a financial loss at the end of the year. There are many arguments for and against this subject, and for this reason its practice depends entirely upon the individual and also the local conditions.

Gaining the Druggist's Cooperation

Druggists are beginning to realize the importance of mouth hygiene, as is evidenced by the vast stock of toothbrushes and tooth-cleaning preparations which every druggist displays and considers an important section of his store.

If the average druggist or his clerks were questioned, by someone who knew, regarding the proper construction of a toothbrush, the answer in most cases would indicate that they are ignorant of how an ideal toothbrush should be made. An examination of the average druggist's stock of toothbrushes will reveal a conglomeration of sizes and styles, a great percentage of which are injurious to the mouths of those who purchase them. Retailers, as a rule, are content to travel the line of least resistance, selling the make of brush requested or the style picked. They depend upon the advertising of toothbrush manufacturers to create a demand, and let it go at that.

The foregoing remarks upon toothbrushes also apply to tooth-cleaning preparations and various mouth washes. Some of these preparations are not only directly injurious to the teeth and tissues of the mouth, but are also vile. However, the laity will continue to purchase those preparations until such a time as dentists will give their patients proper instructions as to what to buy, in addition to educating the druggists regarding

those preparations which withstand the scrutiny of the dental profession as a whole. There are many druggists who do not know that all of the advertised stain removers and bleaching agents which they are content to sell to their customers on a mere request are responsible for many toothaches and the creation of numerous cavities.

A druggist would resent a dentist's abrupt criticism of the toothbrushes and mouth preparations which he sells to his customers. Diplomacy must be exercised in calling his attention to all of the foregoing. Informing him on what is best for his customers can gradually be brought about through casual conversations and suggestions as to what the dentist is anxious to have his patients buy. Dentists might antagonize the druggist if they were instrumental in getting him to stock certain makes of toothbrushes and mouth preparations, and then did not do their part in helping him dispose of them by recommending the druggist and his special stock to their patients.

Every dentist has found through experimental work that certain treatment solutions which he himself has made up for various obstinate diseases of the mouth are effective. It should not be the aim of the dentist to supply such solutions to his patients for home treatment. The average dentist is not equipped to make up in a scientific manner medicinal solutions. This comes in the realm of the pharmacist. Dentists often write prescriptions and instruct their patients to have them filled at a certain drugstore, because the druggist is fully acquainted with how the dentist wishes the medicament made up and also has purchased special drugs for the purpose. This impresses the patient with the importance of the prescription, and also convinces the druggist of the dentist's ability to prescribe scientifically for his patients. Dentists must be sure to acquaint their druggist of the solutions for various diseases of the mouth which they will prescribe, thereby giving him an opportunity to have on hand the proper ingredients. However, the dentist must be careful not to write prescriptions for nationally advertised preparations. This would not leave a good impression because the nationally advertised product can be purchased cheaper by the patient in its original container than when a prescription for it is written in lesser quantity.

The tops of showcases and wall cases in most drugstores are

littered with advertising posters which, in most cases, do not create goodwill. In the absence of something better, however, the druggist is content to continue such displays. Those druggists who have an eye to promoting goodwill and who are interested in impressing their customers with the health service which they are anxious to render would welcome educational placards gotten up by the dentist to set in a wallcase containing mouth preparations. If real truth is set forth in the wording of these placards, most aggressive druggists would go to the expense of having them properly framed so as to make them conspicuous as well as attractive. In getting up these placards the dentist must bear in mind that the writings must be ethical and that his name or the location of his dental suite must not be mentioned. The good that will come to him will be through the druggist's enthusiasm for the plan and the fact that, when customers ask the druggist to recommend a good dentist, he undoubtedly will refer them to the dentist giving him constructive cooperation.

The following are a few suggestions which might be put in placard form:

The Teeth

Most of the microbes penetrate the system through the mouth.

Decayed teeth are centers of infection which poison the organism.

Measles, whooping cough, parotid glands inflammation, scarlet fever, diphtheria, influenza, certain eye, ear, nose or throat diseases are often the result of the fermentation of food sticking to the teeth or on decayed teeth.

A periodical call on the dentist and a strict observance of oral hygienic rules given by him can prevent most of the above mentioned diseases.

The Teeth

Good habits are very easy to cultivate, when we want to.

The habit of cleanliness is one which we keep throughout life because it gives comfort and dignifies the human being.

Any child who is taught how to take care of itself; to wash its hands, face, ears, to clean its teeth and to bathe, keeps the habit all its life.

The most lasting habits are those formed during the first twelve years of life. Therefore, it is very important to start young with regard to the teeth.

A child's mouth should be examined every three or six months, cavities should be filled and the teeth carefully cleaned.

Mastication becomes irregular and insufficient when the child who has bad teeth can only use the frontal teeth.

If the food is sufficiently masticated and impregnated with saliva, it is changed into energy to be used in the muscular development of the whole body.

Children who have good teeth grow up normally and will become virile and strong. They remain in a healthy condition because they formed the good habit of consulting their dentist at least twice a year.

The Teeth

Beauty generally depends on the shape of the jaws. Jaws, no matter how badly shaped, become normal again with the dentist's care.

Wonderful improvements were accomplished in that respect by the dental profession during the course of the World War.

Thanks to some clever devices temporarily fastened in the mouth, practically not disturbing the patient, the profession now performs marvels.

If your child's teeth are growing badly, if they put his mouth out of shape, if they are irregular, dentistry offers you its effective assistance to reestablish the normal conditions.

Do not delay. Consult your dentist.

The Importance of the Teeth

The teeth are of prime importance in alimentation. Foods have to be minutely masticated and impregnated with saliva to be easily digested.

If teeth are bad, food cannot be sufficiently masticated, which causes digestion troubles more or less serious. But there is more to it. Microbes find room in the crease of the gums and also in decayed teeth. They produce toxins which spread throughout the system and slowly poison it.

Physicians and dentists discovered that this steady stream of toxic substances mixed with the blood are often the causes of serious diseases whose origin, up to now, was unknown.

A periodical call on the dentist and a strict observance of oral hygienic rules given by him can prevent most of the above mentioned diseases.

Those dentists who will follow all of the foregoing suggestions will not only be furthering the interests of humanity but the dental profession as well and, by educating the community through the medium of the drugstore regarding what is right for the mouth, will also gain the respect of the druggist and his sales people. Through it he will gain ethical publicity and new patients.

The Unprofitable Side of the Dental Practice

There are certain operative and mechanical phases of many dental practices which are unprofitable because dentists do not take into account various risks which they are apt to encounter during the work, and also because they do not estimate their fees on the time basis. To do this means that the dentist operates at a loss. The following ten subjects may be classed as unprofitable practice:

1. Treatments.
2. Examinations.
3. Cleaning teeth.
4. Plates.
5. Repairing plates.
6. Extractions.
7. Anaesthetics.
8. Silver fillings.
9. Cement fillings.
10. Stopping toothaches.

It, of course, is understood that the foregoing ten subjects cannot be eliminated from a dental practice. They are things which must be put up with because they are an integral part of dentistry. Since that is true, then the dentist is entitled to remuneration on a time basis just as in other branches of the profession which are considered profitable.

Treatments

These are unprofitable for many dentists because they do not take into account the time consumed in treating teeth when quoting fees to the patient. Since it is not always possible to determine just how many treatments a tooth will require before it is ready for restorative work, it is best to quote the fee minus treatments. This might at first seem strange to some patients. However, if the dentist will explain to them that it is absolutely impossible to tell at first whether a tooth will respond to treatments or whether it will be obstinate the patient will understand, even if only in a measure, the dentist's problem in this direction. When including the treatment work at the time the fee is quoted the dentist might figure on a dozen treatments, only to find at the conclusion of the work that half this number was required, and vice versa. For the foregoing reasons treatments should be set up as a separate charge against the patient. The basis of the charge should be the actual time consumed for the total number of treatments, and at the conclusion of the work it should be added to the charge already set up for the restorative work on which it was possible to quote a fee in advance. If patients are content to neglect their teeth to a point where treatments are necessary, then they must be educated to pay for this neglect which is really their grief and not the dentist's.

The oculist will remove an eye and supply an artificial one. He sets up a fee for the operation and the treatment work in connection with it, and then a separate fee for the artificial eye. The physician will treat a carbuncle at so much per visit, and then set up a separate fee of \$5.00 when the carbuncle has reached the stage for lancing. The throat specialist will treat tonsils at so much per visit, and then set up a separate fee of \$50.00 for the operation of removing them. The dentist should not be an exception to the foregoing illustrations, because the principle is as true in his case as it is in those of the allied professions. If the dentist would put his practice on a profitable basis he must set up a distinct and separate charge for all treatments in addition to the fee for the restorative work.

Examinations

The dentist has a certain number of productive hours each day which he must take into account if he is going to make his

quota of gross income for the year. Since examinations take up productive time, a fee figured on the time consumed basis should be charged. In a well-regulated practice this should hold good whether the patient consents to have the work done or not. If the dentist will adhere to the plan of working strictly by appointment, most patients will understand beforehand that he is not giving his services gratis. Should the patient decide to think it over before consenting to have the work done, the dentist should not hesitate to state that he will make a charge for the time consumed in the examination. When quoting a lump fee to the patient, the dentist should state that it includes the time taken up for the examination. Should the patient fail to return to have the work done, the dentist should not hesitate to send a statement showing what the charge for the examination is. In cases where the dentist does not know the patient or when references are lacking, he should endeavor to collect a fee for examination before the patient leaves the office. It is best to have a definite understanding with such patients beforehand.

When a physician is called upon to make an examination of a patient he makes a charge for it, regardless of whether or not an operation is involved. When a nose and throat specialist makes an examination of the nose and finds diseased adenoids he makes a charge for the examination, regardless of whether he is given the privilege of removing the adenoids. In both of the foregoing illustrations patients may decide to think it over or to postpone the operation. However, such decisions by patients do not concern the physician or the nose and throat specialist because they do not hesitate to make a charge for the examination services which they rendered. The dentist should not be an exception because the examination services which he renders his patients are of as great a value and, in many instances, more so than those rendered by the physician or the throat specialist. For a more detailed writing on this subject read Section 4 under the heading "Charging for Diagnosis."

Cleaning Teeth

This phase of dentistry is very much abused because it seems that there are many dentists who still feel it necessary to throw in "cleaning the teeth" when quoting a fee for restorative work. Some dentists have a mental equation and, because of it, are

quite sure that it is necessary to give the patient something for nothing as good measure because of the favor they extend the dentist in allowing him to do the work. The term "cleaning teeth" should be eliminated from dental nomenclature because a mere cleaning of the teeth is of little benefit to patients. A dentist's time is too valuable to merely "clean" teeth. Some years ago it was a common custom for dentists to throw in a "tooth cleaning" at the conclusion of the work. In some cases half an hour of time was involved, while in others an hour or more. If dentists would keep a careful check on the time consumed throughout the year for "cleaning teeth" and for which they do not collect a fee, it is quite probable that most of this "throwing in" evil would be eliminated. If the dentist finds at the time that he quotes his fee to the patient that it will be necessary to give a prophylactic treatment or a series of them before the case is finally completed, he should take into account the time consumed by such treatments and include it in the minimum or maximum fee which he quotes. When it is evident that the prophylactic treatments will consume considerable time, it would be a good plan to set up a separate fee in the event that the patient is of the type who might go elsewhere because the total fee seems too large. In other words, the dentist should tell those patients who make price their first consideration that he will do the restorative work for a certain sum of money and that, when the restorative work has been put in place, the patient should, in order to get the greatest good out of it, submit to prophylactic treatments which will involve an additional sum of about \$..... In many cases this procedure will assure the dentist of procuring the case for the restorative work, and it will then be optional with the patient whether or not the prophylactic work will be desired at the conclusion of it. For a further illustration of the difference between "cleaning the teeth" and "prophylaxis," read Section 7 under the heading "A Nucleus for a Prophylactic Health Talk."

Plates

This branch of dentistry is usually unprofitable because patients are led by the dentist to expect too much. The term "plate" should be eliminated from dental nomenclature because it smatters too much of the dentistry which was given years ago and which was always referred to as "plates." In those days

patients were not educated in dentistry. A "plate" was thought to be as efficient and to take the place of the natural teeth. As much was expected from a plate in every respect as from natural teeth, and in fact most patients had it firmly fixed in their minds that a plate, properly made and fitted, was better in its functioning than the comfort and efficiency which the natural teeth afforded. The result was that patients, because of certain discomfort and the unsatisfactory functioning of plates, felt that they had not been given a good piece of dentistry. This resulted in an endless number of visits to the dentist's office who, in turn, was content to cater to the patient's whims with the result that dissatisfaction generally ensued.

The term "artificial denture" is more appropriate because the word "artificial" signifies that it is a substitute for something original. The word "denture" eliminates the term "plate" and is apt to signify something scientific requiring considerable skill. No dentist has the right to tell his patients that an artificial denture will give the same service and comfort as the natural teeth. Regardless of how scientifically a denture may be built and fitted to the individual case, it can never take the place and perform the same functions as the natural teeth. When these truths are told patients beforehand they will not expect too much. This results in more prompt payment for this type of work, and eliminates the constant returning of patients who have imaginary fault to find with the denture.

A man who buys an artificial limb is not told that it will be as efficient as his natural limb was. A man who must wear an artificial eye is not told beforehand that he will be able to see with it. The patient who must wear an artificial denture should be told that it will only be as efficient as he is willing to make it, and that there are certain things which must not be expected of it, at least not in as great a measure as was possible with the natural teeth. If the dentist will eliminate his denture "guarantees" and arrange with the patient for prompt payment at the time that the denture is finished, he is quite apt to reduce his unprofitable hours, at least in this branch of the profession. On the other hand, it must be remembered that if a misfit denture is delivered to a patient for which the dentist himself is at fault, such work must be made good at the dentist's own expense, even if an entirely new denture must be

made. Read Section 4 under the heading "Guaranteeing Dentistry to Patients and What It Means."

Repairing Plates

This branch of dentistry is unprofitable in many practices because dentists are content to repair plates for a fee which falls considerably short of the fee which should be set up, taking into account the time consumed. The mere fact that a plate is repaired in a dentist's or a commercial laboratory does not mean that the dentist is not entitled to his regular profit on the transaction. A broken plate is many times presented for repair when the dentist's entire time is taken up with operative work. Usually the patient is in a hurry to have the repair work done. If the dentist does this work in his own laboratory, it usually means that he will either have to do it after his regular office hours or that he will have to set aside the time of some other patient in order to accommodate the patient with the plate. In such instances the regular fee based on time consumed should be quoted.

There is another side to the question of repairing plates, that being the risk a dentist assumes when he accepts such work. It frequently happens that a plate will warp in the process of repair, and when it is returned to the patient it is not satisfactory. Some dentists feel in such cases that it is their duty to make an entire new plate for the patient. This opinion is erroneous, and it is for this reason that a dentist should state beforehand when consenting to repair a plate that he will assume absolutely no risk should anything go wrong with the plate during the repair process. When the patient presents a plate to be repaired which is so comfortable and efficient that the patient cannot do long without it, then the dentist should take this into account when basing his fee, especially at a time when he must cancel some other patient's appointment in order to accommodate the owner of the broken plate.

Extracting

It is not an uncommon occurrence for dentists to find that after a long period of treatments the roots of a tooth will not respond and that an extraction is necessary. Very frequently the dentist extracts the tooth without making a charge for it. The lack of charges in such cases is brought about because the

dentist undertook to restore the tooth, plus treatments, for a certain fee. The patient has it firmly fixed in mind that the tooth will be saved. When it is determined that this cannot be accomplished and that the next best thing is an extraction, patients frequently refuse to pay not only for the treatments which it was necessary for the dentist to give, but also for the removal operation. This condition exists in many practices because the dentist does not have a definite understanding with his patient beforehand. When a tooth requires a number of treatments it is impossible to tell in how great a measure the tooth will respond, and this should be told to the patient. It is for this reason that a separate charge should be set up for treatments. The patient should be told in advance that, in the event that it is necessary to extract the tooth after heroic efforts have been made to save it, the patient must be content to pay for such a misfortune. If the patient must lose the tooth, the dentist should not be held to blame but rather the patient, and this because the patient did not seek the dentist's services at a time when the tooth might have been saved. Dentists should not be sympathetic in such cases and feel that because the tooth got beyond the saving stage the extraction should be given free and the time consumed for treatments thrown in as good measure.

In cases where an artificial denture is being considered, prior to which extractions must be made, the dentist should set up a separate fee for the surgical work and then quote a separate fee for the denture. There are certain patients to whom separate fees—that is, for the extraction and for the denture—should not be quoted for the reason that they are interested principally in a total fee for all of the work. With such patients it will be more practical for the dentist to add to his fee for the denture work that occasioned by the surgical work, bearing in mind however that if his technique is along surgical lines and his surroundings such as to suggest it, he should base his fee not only on the time consumed but also by the risk incurred. If the preliminaries such as nerve blocking, infiltration or gas administrations are not taken into consideration, then the dentist will be short of proper remuneration for this type of work. A dentist makes a fatal mistake when discussing the removal of teeth with patients to refer to them as "extrac-

tions." They should be referred to as "surgical removals," which in truth they really are. Patients usually think about extractions at \$1.50 each, while a surgical removal plus proper surroundings will raise the value of this branch of operative work.

Anaesthetics

The dentist is entitled to a separate fee for anaesthetics in as great a measure as physicians are in their practices. Ordinary anaesthesia, administered by a physician, brings a minimum fee of \$5.00. Yet some dentists are content to quote a fee on surgical removals and leave the question of anaesthetics untouched. In many cases it takes just as long to administer an anaesthetic as it does to perform the surgical removal, yet the time consumed for anaesthesia is left out of consideration entirely. The dental profession has passed the age in dentistry when it was supposed to extract the teeth, take an impression and make the plate all for \$35.00. The dentist should take careful account of the actual time consumed in administering the anaesthetic and the risk he assumes with some patients.

Silver Fillings

When talking about "silver fillings" instead of raising the value of such a restoration it is lowered in the minds of patients because they associate silver fillings with something cheap. Instead of referring to this type of restoration as a "silver filling," the dentist should refer to it as an "alloy restoration." This term will help the dentist to build up value in the eyes of the patient on this type of work. "Silver fillings" are always thought of as something anywhere from one to three dollars each, while an alloy restoration seems to be something quite different, at least so far as value and service to the patient are concerned. The dentist who bases his fee on the actual time consumed in putting in an alloy restoration will be doing this work at a profit, while the dentist who still quotes a fee for "silver fillings" will usually find his patients quibbling about the fee in the event that it happens to be over the regulation fee asked by dentists who are still selling materials and the finished product instead of their time and skill. So far as the dentist is concerned there should be no difference in the value of his time, whether it be spent in making alloy restorations or

gold inlays. The only difference there can be is in the value of the material itself and this, when based on an average over a period of time, can be but slightly more for gold than for alloy. So far as the dentist is concerned there are certain mouth conditions when an alloy will be of greater service to the patient than gold, and again vice versa. However, so far as affecting the value of the actual time consumed, there should be no difference. In other words, if it takes half an hour to make an alloy restoration or a gold inlay, the fee for both should be the same unless, of course, the dentist is content to sell merchandise instead of his time and skill.

Cement Fillings

These are looked upon by the average patient as being about on a par in value with silver fillings. Therefore the dentist should be cautious about emphasizing too much this particular material. The patient associates it with something in dentistry of which there seems to be a great abundance, and when a fee for this work involves an amount of \$5.00 the patient is apt to think the fee is too great. If the truth be known, it takes considerable time and skill in most cases to properly prepare a cavity for a cement filling, and therefore greater stress should be placed on the cavity preparation than on the material itself. These various types of restorations involve time, and the dentist who quotes his fee on the time basis will not find a great variance in his fees, whether the material used be alloys, cements, enamels or silicates.

Stopping Toothaches

Those patients who are suffering from toothache and who present themselves to the dentist for relief always do so expecting to pay. There are a vast number of dentists who are content to take care of these emergency cases at the expense of other patients and at the expense of their own operative time. In other words, an emergency case may come to the office at a time when the dentist is right in the midst of a tedious cavity preparation. He is taught at college to give these emergency cases the preference when it is apparent that the patient is suffering, and so he attempts to carry out these teachings somewhat along the following lines.

He stops his cavity preparation and invites the patient al-

ready in the chair to sit in some other department of the dental office while he is giving attention to the emergency case. In order that he may serve the suffering patient efficiently he must remove most of the instruments which are being used at the time in the cavity preparation for the patient who has just vacated the chair. He must bring out various treatment instruments and also his medicaments, as well as cotton pellets, wood applicators, etc., etc. After he has given the suffering patient relief he must again remove all of these instruments and materials, replacing on his bracket table all of those instruments with which he will again resume his cavity preparation in the mouth of the patient who is waiting. Aside from all of this, his mind has been taken off the technique in connection with the cavity preparation and concentrated on the technique to be applied to the suffering patient. He again must take the time to revert his mind back to the cavity preparation. All of these things take considerable time, and the patient who has presented himself for the emergency treatment should be the one to pay for it. A fifty cent or dollar fee in most cases will not repay the dentist. Inasmuch as a suffering patient is willing to pay a proper fee for relief, the dentist should have courage to ask it, being sure it is based on the time consumed which should begin at the moment that the patient already in the chair is requested to vacate and end at the time that the dentist can once more concentrate on the cavity preparation or whatever the work was at the time he left it.

The majority of time leaks for which no account is made are usually brought about by the foregoing ten classes of dentistry. So that a dentist may turn the unprofitable operative branches of his practice into profitable ones it will be well to watch carefully all of the foregoing subjects. It must be understood that the unprofitable subjects listed and the suggestions to make them profitable should be applied by dentists to those patients who can afford to pay. There is certain charity work which every dentist expects to do, and therefore things purely charitable should be charged off to profit and loss.

SECTION VIII

Duties of the Dental Nurse

Why the Title of Nurse is Most Appropriate

OF ALL titles which have been given to girls working for dentists we believe the title of "Nurse" is most appropriate. It carries a certain dignity with it which the patient will not easily forget. When the nurse is introduced her name is frequently forgotten by most patients. This usually results in some embarrassment to the patient as well as to the nurse during future appointments.

The patient should realize that the dentist is enjoying the services of a real nurse. This can be best brought to the patient's attention by addressing the girl as "Nurse" instead of "Miss So-and-so." The patient, too, will get in the habit of addressing the girl as "Nurse" after she has heard the dentist do so several times. The girl will enjoy this title because it certainly is more refined and dignified than those of "stenographer", "assistant" or "office girl." To the mind of the average girl employee, these titles are very common and rather meaningless. A dentist's requests given as follows will help to feature the girl and will also do away with undue publicity of her name: "Nurse, a glass of warm water, please"; "Nurse, please heat some modeling compound"; "Nurse, please mix some amalgam", etc., etc.

Frequently the patient will have some special request to make of the girl. If the patient hears the dentist address the girl as "Nurse" she, too, will address her so, all of which will do away with embarrassment in the event she has forgotten the girl's name.

If the dentist employs two girls, one to assist in the operating room, the other for the reception room and business office, then the last mentioned girl should be given the title of "Secretary" and she should be featured as such. The dentist whenever speaking to her in the presence of a patient should address her as "Secretary." This, too, will be impressive with the patient and will add dignity to the girl's position.

A competent nurse will add prestige to the dental office as well as to lend a tone of refinement, quality and individuality.

A Calculation of Time Saved for the Dentist Through the Employment of a Competent Nurse

The following is an interesting tabulation of figures and operations showing time saved for the busy dentist by an efficient dental nurse, covering the period of a week:

	Time Consumed Hours	Time Consumed Minutes
Summoned to reception room 70 times.....	2	20
Patients served (removing wraps, helping on with wraps and dismissing patients) 42 times.....	3	30
Positioning patients in chair, adjusting napkins, arranging instruments on bracket table, adjusting saliva ejector, supplying drinking glass, etc., 42 times.....	1	45
Washing, sterilizing and assorting instruments 60 times.....	5	..
Mixing impression plaster 4 times.....	..	20
Heating and manipulating wax for bites 6 times	..	18
Pouring and separating denture models 6 times	1	..
Keeping accounting system.....	6	..
Phone calls 36 times.....	1	15
Taking intra-oral radiographs 18 times.....	1	..
Developing, fixing, washing and drying radiographs.....	7	30
Getting warm water 80 times.....	1	..
Mixing alloy 10 times.....	1	..
Mixing cement 15 times.....	..	30
Investing and casting 10 times.....	5	..
Banking deposits 6 times.....	1	30
Drawing cold water 80 times.....	..	30
Heating inlay wax 10 times.....	..	30
Mixing silicate cement 6 times.....	..	25
Polishing bridges and dentures.....	2	..
Purchasing dental supplies.....	1	30
 Total.....	 43 hrs.	 53 min.

Twelve Requisites to be Looked for when Engaging the Services of a Nurse

There are many dentists who have not yet come to regard the dental nurse as an important asset. They do not believe

that it is possible for the nurse to relieve them of not less than 30 per cent of the burdens associated with the general routine of the average dental office. A good many of the dentists who are of the opinion that a dental nurse is a nuisance, base their opinion upon the experiences which they have had with girls. With few exceptions the dentist himself is to blame for the failure of the nurse, because when engaging her services he fails to look for certain fundamental qualities which a nurse must have in order to be properly trained so that she will really be efficient. Most of these girls have been chosen by dentists from the ranks of department store clerks, or from other vocations such as stenographers, etc. The mere fact that a girl has been waiting upon people in a department store is no indication that she is qualified to wait upon people in a dental office.

The following fundamental requisites are the most important for the dentist to look for when engaging the services of a nurse:

INTEGRITY—The one asset that counts above all else in a professional office is gilt-edged self-respect. To look every patient in the eye and to feel that they can say nothing but good for her represents a capital from which the dental nurse may draw sufficient strength to enable her to rise above adverse conditions.

The dental nurse must have character. A woman who becomes the assistant of a dentist must bear in mind that she also is aiding in relieving the sufferings of humanity, and thus rendering a goodly service. Such service, however, cannot be given in its true worth unless it is accompanied by that unmistakable quality of "true blue" character.

INITIATIVE—A woman who is anxious to succeed as a nurse in the dental office must have initiative and practice the art of visualizing. When a mental picture has once been firmly fixed, the next thing is to put it into execution, and it is here that many dental nurses fail. If the nurse has an idea, she should not be afraid to try it out. Many good ideas perish for want of action. When an idea which seems good portrays itself and stays with the nurse, she should not allow herself to be talked out of it, but should at least try it out. Trying out an idea is at first only investigating it. The wise nurse

will first study well her new idea before she attempts to make it a permanent feature of the office. If, after application, it proves impractical, it can quickly be dropped without any damage having been done. If it proves to be practical and an asset to the office, the nurse will have proven herself that much more valuable to the dentist, and compensation will be forthcoming.

CONCENTRATION—As a rule the nurse who ranks as a failure has never mastered the art of concentration. Keeping her mind fixed on each duty as she performs it, and if possible to improve upon it, is concentration. The nurse should not think of a dozen things while she is trying to do one, as this method impairs her efficiency. Concentration in the dental office means mind and muscle working harmoniously together. Success in doing things depends largely upon the attention given to them. The nurse must never allow her mind to work in one direction while her body is working in an entirely different direction, for twice as much energy is spent as would ordinarily be required.

ATTENTION—The nurse must give proper attention to her duties in order to get them into thorough harmony with the work she has to do. If she is in love with her work, she will achieve results that never would be attained by those who are performing the same duties perfunctorily. The nurse must lose her self-interest in the dental office. Her success will depend largely upon the amount of attention and pains which she is willing to put into each duty. She must be alert and attentive—not sluggish and haphazard.

PATIENCE—The nurse must not expect that her ambitions are to be realized at once. She should be told to observe the chronic doubters, and to determine whether these doubters are worth while. It takes patience and lots of it in the dental office before the nurse becomes proficient.

COURAGE—Courage is one of the essentials of success for the nurse. If she has courage, she will be strong in performing her duties correctly. Courage makes her persistent. Courage dispels weakness. Courage will steady her at a time when the dentist needs her help most. Courage gains for her respect from everyone with whom she comes in contact. The nurse should never hurry things through because, if she does, her work will not be up to standard. To act deliberately gives

people with whom she comes in contact in the office the idea that she is thorough, and a master in her profession.

PERSONAL APPEARANCE—The appearance of the nurse should be one of extreme neatness and refinement. Sensational attire must be avoided. To dress in harmony with her environment must be her constant aim. She should be told that her professional life in a measure should reflect itself in her social activities. Some patients will come to her employer's office for his services because she at some time or place has impressed them with her personality—with her way of being different. We may not go so far as to assert that it is clothes that make the workman, but however generous and charitable we may strive to be, we must admit if we are honest, that carelessness and slovenliness in the matter of attire invariably leave a most unfavorable impression. It is pride that insists that the sleeves shall be clean. It is pride that brushes her clothes and polishes her shoes. Her hands and finger nails must be well-kept. Her mode of hairdressing must be in harmony with her face and her height. Her teeth above all things must be clean and the dentistry in her mouth, if any, must be the best, because she will then be practicing those things preached by the dentist. Her mouth and teeth must be the dentist's silent salesman, not only in the office, but also in social life. The right type of nurse will draw patients to the office, and as they come her earnings will increase proportionately.

Other qualities which should be looked for, and which will manifest themselves during the nurse's first interview with the dentist are ambition, a pleasing voice, courteous manner, orderliness, cheerful disposition, tact and self-confidence.

Dental Equipment a Nurse Should be Competent to Operate for the Dentist

The efficient nurse must not only be able to operate all of the equipment as described, but she must also know what care is required for its complete maintenance.

DENTAL CHAIR.
Positioning adults and children.

UNITS.

- Turning on and off various switches at will of operator.
- Regulating and heating the flow of air for hot air syringe.
- Heating and operating sprays.
- Regulating flow of air for sprays in connection with cut-off.
- Changing of instrument points for the mouth in switch handles.
- Turning on and off water valves on cuspidor.
- Operating water syringe on cuspidor.
- Operating saliva ejector.
- Regulating flow of air for cut-off when chip-blower point is used.
- Adjusting current regulators for various instrument points.
- Positioning bracket table.
- Operating Bunsen burner on bracket table.
- Positioning engine arm.
- Attaching to handpieces, burrs, cleaning brushes, mandrills, disks, polishing cups, etc.
- Attaching handpieces such as contra angle or right angle.
- Operating engine foot controller.
- Heating and maintaining water glass in tumbler heater.
- Positioning and operating fan and spotlight.

TRI-DENT.

- Positioning spotlight.
- Positioning bracket table.
- Heating and operating sprays.
- Heating and maintaining water glass in tumbler heater.
- Turning on and off water valves on cuspidor.
- Operating water syringe on cuspidor.
- Operating saliva ejector.
- Operating Bunsen burner on bracket table.
- Positioning engine arm.
- Operating foot controller.

Attaching to handpieces, burrs, cleaning brushes, mandrills, disks, polishing cups, etc.

Attaching handpieces such as contra angle or right angle.

Positioning auxiliary table.

X-RAY APPARATUS.

Positioning patient.

Positioning films in mouth.

Positioning x-ray tube.

Making exposure.

Developing films.

AIR COMPRESSOR.

Setting it to proper pressure point.

Draining tank.

LABORATORY LATHE.

Changing chucks and keeping them clean.

Mounting on chucks, felt cones, felt wheels, carborendum stone, bristle wheels, vulcanite burrs, cotton wheels, chamois wheels.

Attaching to lathe, Ritter hand piece attachment.

SPRAY WARMERS AND TUMBLER HEATERS.

Maintaining proper heat.

Keeping spray bottles filled with solutions.

Attaching cut-off to spray bottles, etc.

IONIZATION EQUIPMENT.

Operating current regulator.

Adjusting electrodes to patient, etc.

DISTRIBUTING PANELS AND SWITCHBOARDS.

To be operated by nurse in the same manner as listed under Units.

ELECTRIC ENGINES.

To be operated by nurse in the same manner as listed under Units, etc.

DENTAL CABINET.

Having a respective place for each instrument and being able to locate it at a moment's notice.

The nurse must be able to recognize each instrument by its technical term.

Keeping working surface of cabinet clean and free from bottles, cement slabs, jars, etc.

DRINKING GLASS CABINET.

Keeping glasses clean and in place.

LABORATORY BENCH.

As with the Dental Cabinet, laboratory instruments should have their respective places in the laboratory bench, and the working surface of the bench should be kept as free as possible from appliances and working materials not in use.

Many nurses do not appreciate the importance of being capable of operating and manipulating the following miscellaneous equipment and instruments:

Amalgam mixer, or mortar and pestle.	Novocaine heater.
Alcohol lamp.	Point polishers (inserting points).
Articulators.	Pyrometer.
Blow pipe.	Rubber dam holder.
Casting machine.	Rubber dam clamps (inserting them in the mouth).
Compound heater.	Rubber dam clamp forceps.
Dentimeter (inserting measuring wire).	Rubber dam punch (cutting rubber dam).
Electric furnace.	Sterilizers (electric, all types)
Electric fan.	Tooth separators.
Flask presses.	Tooth stock (keeping facings, crowns and vulcanite stocks replenished and in order).
Gas apparatus (nitrous oxide and oxygen).	Vulcanizer.
Gasoline gas generator.	Vulcanite flasks.
Gas furnace.	Water still.
Hand mallet.	Water heaters.
Inlay drying oven.	X-ray film illuminators.
Inlay wax eliminator.	
Laboratory Bunsen.	
Matrix retainer.	

The Nurse's Duties in the Office Prior to the Arrival of the First Patient

The nurse should arrive at the office sufficiently early and prior to the dentist's arrival so that she can accomplish as many as possible of her duties before the first appointment of the day takes place. It is not always possible for the nurse to accomplish each day the duties as listed. If she is systematic in her work, all of the important ones can be finished up prior to the first patient's arrival, and those of less importance can be attended to as opportunities present themselves throughout the morning hours.

RECEPTION ROOM

Dust, clean and attend to places usually left unfinished by janitress.
Complete ventilation, after which maintain temperature of 72 degrees.
Put books, magazines and newspapers in order.
Position all furniture which has been pushed out of place.

RETIRING ROOM

Fluff up pad and pillow on couch.
Fasten clean napkin or doily on pillow of couch.
Remove from dressing table combs and brushes which perhaps were used by last patient the day before.
Replenish stock of powder puffs, pins, hair pins, etc.
Polish hand mirror.
Polish dressing table mirror.

OPERATING ROOMS

Sterilize the following instruments, together with those to be used on the first patient: Mouth mirrors, cotton pliers, explorers, etc.
Thoroughly wipe and polish all equipment, paying special attention to all nickelized parts through the application of whiting.
Flush cuspidor and then wipe until all parts are dry.

Remove from working surface of cabinet such items as instruments, bottles, cement slabs, glass receptacles, etc.

Wash drinking glasses and replace in drinking glass cabinet.

Remove drinking glass and saliva ejector from cuspidor which perhaps has been left there from previous day.

Wash lavatory with cleaning powder.

Polish mirror over lavatory.

Fill spray bottles with the proper solutions.

Heat up spray bottles when refilled.

Place clean towels on towel bar over lavatory.

Fill alcohol lamp.

Replenish linen stock in cabinet.

Lay out all work for first patient such as "try-in" cases, bridge work, etc.

Put clean napkin on headrest of dental chair.

Sterilize all hand brushes.

Clean and lubricate handpieces.

Put on bracket table fresh napkin upon which lay contra angle handpiece, disk of cotton pellets, mirrors, explorer, pliers and dental floss.

Sharpen dull instruments.

A certain morning each week should be set aside for proper lubrication of all equipment.

STERILIZING ROOM

Wash and polish all glassware.

Polish sterilizer.

Replenish sterilizing room supplies.

LABORATORY

Clean top of laboratory plaster, gold and vulcanizer benches.

Wipe up and polish Air Compressor, Lathe and Vulcanizer, etc.

Wash sink with cleaning powder.

Place all models not being worked on upon a shelf reserved for that purpose.

Clean and polish flasks which have been used the day before.

Clean and polish impression trays which have been used the day before.

BUSINESS OFFICE

Put nurse's and dentist's desks in order by filing all papers such as invoices, letters, etc. which have been given attention.

Supply clean blotters, fresh ink, pens, etc.

Assort and open all mail other than personal.

Make two lists of all appointment schedules for the day—one list to be placed in the operating room so that the Doctor can refer to it during the day for guidance in gauging his operative time; the other to be kept in a convenient place in the business office so that it can be instantly referred to in case of appointment cancellations or emergency appointments.

Order supplies for the day by referring to want list.

Why the Nurse Should Take and Develop Radiographs for the Dentist

There was a time when it was considered very dangerous for the nurse to do complete radiographic work for the dentist, particularly in the days of the gas tube. With that type of apparatus there was much that could happen even with the dentist if he did not watch his step very closely. Today, much of this danger has been eliminated. There are still certain types of x-ray machines being manufactured whose operative technique is complicated, and because of overhead wiring and many levers to manipulate, certain dangers still exist which, if taken seriously, should prohibit the nurse from relieving the dentist of the details in connection with taking radiographs.

Invention has brought about simplicity in x-ray apparatus making possible ease of manipulation, absence of overhead wiring, elimination of useless and confusing levers. With the advantage of standardized technique, there is absolutely no excuse for the dental nurse not relieving the dentist of the complete radiographic work. By turning the radiographic department over to the nurse and making her responsible for

it, this department can be made highly remunerative, not only through the fees secured because of the radiographs themselves, but also through the additional operative work which is disclosed.

We emphatically state that the nurse should not attempt or even be encouraged to give interpretations, as this is only possible through study by a degree man. Aside from being told by the dentist just what areas to radiograph, the nurse should be capable of efficiently serving the dentist and patient by doing the following: Positioning the patient in the chair, positioning the film in the mouth, positioning of the tube, making the exposure, dismissing the patient, developing the films and then delivering them to the dentist, in an envelope with the patient's name written on it.

By taking over the radiographic work as described in the foregoing paragraph the nurse will help the dentist to increase his actual productive hours, and through it his gross income. By following this procedure it will be possible to make the x-ray department self-sustaining which by the end of the year should produce a revenue to entirely offset its cost, and aside from leaving a profit should be sufficiently remunerative so that the dental nurse can be paid a salary in keeping with her position and which will be justified by service rendered.

Treatment Solutions the Nurse Should Make Up and Have Ready for the Dentist

Space will not permit the listing of the many treatment solutions which the nurse should be competent to make up and have ready for the dentist. A few of the important solutions will suffice.

Germicidal mouth washes for highly infectious conditions for use in connection with spray bottles or treatment syringe.

Anesthetic solutions for infiltration and nerve blocking.

Various pyorrhea solutions.

Various solutions for root canal treatments.

Mouth washes such as normal salt solutions and professionally advertised solutions which require dilution before application, and to be used in connection with spray bottles or treatment syringe.

Aconite and iodine.

Eucapercha Comp.

Di-oxygen and water.

Disclosing solution.	Swabbing solution (benzol iodine, menthol.)
Aromatic ammonia.	Phenol—5 per cent.
Phenol Comp. 95 per cent.	Stain removers.
Blacks—1, 2, 3.	Ringer solution.
Ammoniated silver nitrate.	

Filling Materials the Nurse Should Make Up and Have Ready While the Dentist is Working on a Patient

We are only listing the important materials which the nurse should have ready for the dentist while he is working on the patient. The nurse would not be serving her best interests and those of the dentist if she were not fully capable of mastering the mixing technique of the following:

Temporary cements.	Root canal filling materials.
Crown and bridge cements.	Gold foil materials, such as rolling and cutting sheet foil, assorting gold cylinders and annealing before placing in cavity.
Copper cements.	
Inlay cements.	Abscess cures requiring a mixing of liquid and powder.
Silicate materials and porcelain.	Enamels
Zinc cement.	Various pastes for pulp treatments.
Alloys.	
Copper amalgam.	
Cavity linings.	
Pulp preservers.	
Temporary stoppings.	
Gutta-percha points.	

Miscellaneous Materials to be Worked Up by the Nurse

The nurse should be capable of anticipating the wants of the dentist for the following materials and of preparing them for him just prior to their use:

Articulating paper.	Cocoa butter.
Modelling compound.	Prepared chalk.
Inlay wax.	Tooth cleaning preparations.
Wax for bites.	Prophylaxis preparations.
Rubber dam cut in proper size.	Absorbent pellets.
	Devitalizing fiber.

Gutta-percha for base plates.	Cotton rolls.
Base plate wax.	Gauze.
Spunk.	Cotton pellets on wood applicators.
Varnishes.	
Flour of pumice.	Swabs and compresses.
Orange wood.	

Laboratory Duties for the Nurse

It would require a volume of writing to describe in detail, together with technique all of the duties that the efficient nurse should relieve the dentist of in the laboratory. Therefore, we are listing only the important laboratory duties of the nurse.

- Keeping bins for plaster and investment materials filled.
- Investing models, such as vulcanite, inlays and bridges.
- Separate, boil out and trim all models.
- Drying out inlays.
- Making plaster mixes for impressions.
- Vulcanizing.
- Mounting models on articulators.
- Keeping laboratory properly supplied with all laboratory materials.
- Boiling flasks after packing and screw down in flask press ready for vulcanizer.
- Heating up bridge cases prior to soldering.
- Melting and pouring various kinds of metals.
- Trimming off surplus vulcanized rubber with mechanical saw from dentures.
- Making wax base plates on model for try-ins.
- Polishing dentures, crowns, inlays and bridges.
- Application of shellac and sandarac varnish.
- Application of sticky wax.
- Application of separating fluids.
- Piecing together and mending broken plaster impressions and models.
- Keeping impression trays cleaned and polished.
- Swageing cusps for crowns and bridges.
- Setting up and waxing vulcanite sets, facings for bridges, etc.

- Backing up facings.
- Applying tin foil to vulcanite casts.
- Soldering swaged cusps to crowns.
- Repairing dentures.
- Scraping dentures preparatory to polishing.
- Pouring models and casts.
- Packing denture casts.

Important Duties for the Nurse in the Business Office

The important duties to be mastered by the nurse in the business office are as follows:

- Bookkeeping.
- Sending collection letters to patients.
- Making bank deposits.
- Balancing petty cash.
- Paying all accounts either by check or, when indicated, from the petty cash fund.
- Making out and mailing monthly statements.
- Filling out and sending periodical examination cards.
- Keeping perpetual inventory of all supplies used and of those on hand.
- Purchasing all supplies for the business office.
- Purchasing all supplies and materials for the operating room and laboratory.
- Filing all letters, invoices, record cards and radiographs.
- Reviewing call list.
- Making all appointments and posting them in the appointment book.
- Making a typewritten record of all agreements between patients and the doctor.
- Keeping cost sheet, and rendering monthly a report of the operating expenses, gross and net earnings, cash on hand and in the bank.

Care of Reception Room Literature

A dentist who is interested in keeping his reception room looking neat should keep his periodicals in the business office. A table that is cluttered up with magazines and newspapers detracts from the appearance of the reception room. If the dentist is working strictly by appointment and his patients

are on time, they will really have no opportunity to read. Therefore, periodicals should be kept only for those patients who are kept waiting.

The nurse usually knows just how long the patient will have to wait before being admitted to the operating department and when she steps into the reception room to inform the patient of the number of minutes she will have to wait it might be well to take with her a magazine. It would be a matter of personal service to ask the patient if she has seen this particular magazine for the current month and when the patient answers in the negative the nurse should then present the magazine to her. When the patient is finally admitted to the operating department the nurse will then remove the magazine from the reception room and return it to the business office.

Magazines should be placed in flexible binders, viz., that of Spanish brown and on which should appear the dentist's monogram, together with the name of the periodical on the lower edge. Binders tend to preserve magazines and also add to the dentist's individuality.

SECTION IX

Relation of Nurse to Patient

Proper Procedure by Nurse when Receiving
Telephone Messages

IN this day of overburdened telephone service it is well to come right to the point in answering the phone by stating "This is Dr. Smith's office." Stating the doctor's name will save the necessity of the party who is calling asking the question. There are many dental nurses who still insist upon opening a telephone conversation by saying "Hello," which obliges the person calling asking if this is the doctor's office, all of which is a useless and time-wasting conversation in addition to being exasperating to a person accustomed to intelligent methods.

The nurse's voice plays no small part in giving a favorable or unfavorable impression of the doctor's office to patients who perhaps have never met the nurse or the doctor. The nurse's conversation over the telephone should be carried on in a low modulated tone of voice. Enunciation should be clear and distinct and should also carry an impression of cheerfulness.

After stating that this is Dr. Smith's office, if the party calling should reply that she has been given the wrong connection, the nurse should never miss the opportunity of saying "We are sorry." This little courtesy over the 'phone impresses the party calling with the doctor's name and the courtesy of the nurse, which gives added publicity to the doctor and his establishment and may result in attracting a desirable patient to the office.

If the party asks for the doctor, the nurse should explain that he is busy with an operation but that she can probably take care of the matter. If it is impossible for her to handle the situation she should say that she will take the message, and at the same time should learn the caller's name before going to the doctor, being sure, however, that the party wants to talk about dentistry. The nurse should write the name of the party calling and, if possible, the message on a pad pro-

vided for such purposes. The nurse should then take the pad to the operating room and at the back of the chair call the doctor's attention to it, holding the pad so that he can read the name and the message at a glance. All of this should be done in the operating room without any conversation taking place between the dentist and the nurse. The doctor will then stop at a point in his operative technique where he can leave the patient in the chair for a minute or two without having the patient know why.

Imagine yourself in a dental chair being subjected to a gingival third cavity preparation, with a large piece of rubber dam in position and a cervical clamp in place functioning on the retention of gum tissue. During such an operation each minute augments itself, together with the irritable side of your nature. What would be your opinion of the dentist and the nurse if she informed you as well as the doctor that he is wanted at the 'phone, and in response to the message the dentist would be inconsiderate enough to leave you in this condition in order to engage in telephone conversation lasting two or three minutes?

An urgent telephone message must be given attention, and if it is impossible for the nurse to give it, the doctor must be called but in such a way that the patient will not be conscious of it; hence our suggestion for writing the name and, if possible, the message on a pad. If this procedure is properly followed out the dentist can leave the patient without having to make, seemingly, an unreasonable excuse.

An urgent telephone message for the doctor can frequently be postponed if the nurse will explain that the doctor at the particular moment is engaged in operative technique of an urgent nature, and just as soon as it is concluded she will have the doctor call back, provided the name and telephone number of the party calling is given her. It perhaps is needless to say that the nurse should never open her conversation over the telephone, after the doctor's name is stated, by saying "He is busy." The doctor, of course, always desires persons calling on the 'phone to know that he is busy. The impression of being continually busy can be given over the 'phone in a much more genteel and impressive way than merely stating, and usually in monotone, "The doctor is busy?" We put a question mark

after the word "busy" because it has been our experience in a thorough check-up on telephone conversations that the nurse usually raises her voice in connection with saying "busy," which might indicate to a thinking patient that it depends entirely upon which patient it is as to whether or not the doctor will condescend to come to the telephone, all of which suggests discrimination among patients.

Conversation Which Should Ensue between Nurse and Patient Prior to Extractions

A patient who has been informed that an extraction is necessary immediately, takes on an attitude of fear. The patient no doubt has been told by friends of extractions which have been gruesome, (mostly imaginary). Because of it the patient imagines and expects the same experience and airs her imagination to the dental nurse or the dentist. It is good policy for the nurse to give every extraction patient reassurance. However, to over-do this will have an adverse effect because the patient will then expect that *real* trouble is brewing. The nurse's reassurance must be gentle but firm, stating that before the patient is conscious of it, the tooth will be out and that the patient will be well on her way toward health.

The nurse can do much toward making an extraction a success because it is an established fact that when a patient enters the extraction room with a calm mental attitude extractions are more successful than with patients who have not been given proper assurance and who, as a result, are highly nervous.

She should be accompanied to the retiring room by the nurse who should remain until the patient is ready for the operating room. The patient should not be allowed to wait in the retiring room an undue length of time because it will be the undoing of the reassurance and courage which the nurse has given her.

Precautions to be Taken by Nurse with Patients Just before Extractions

It should be the duty of the dental nurse to see that all tight clothing on both men and women extraction patients is loosened sufficiently to allow a free circulation and complete relaxation. Just a few moments prior to proceeding to the operating room extraction patients must be informed of the

necessity of emptying the bladder. Even the most serious extractions have been successful due to the proper administering of complete anaesthesia, in most cases nitrous oxide and oxygen, which would not have been possible if free circulation, complete relaxation and an empty bladder had not first been assured.

Nitrous oxide and oxygen acts as a stimulant to circulation, also to the bladder, and if the body were encumbered with tight clothing and adverse bladder conditions were present complete relaxation so essential would not be possible.

If the patient is a woman the nurse should help her loosen all tight clothing. The nurse must be insistent, particularly if a heavy extraction is to take place, that the patient remove her corsets. If the patient is a man the nurse should send him to the retiring room with instructions to remove his collar and tie and to unclasp his shirt-band at the neck as well as to release his belt. In this connection the nurse should never fail to explain to both men and women patients why these requests are made. Failure to give this explanation to patients will cause them to believe that the dentist expects to run into difficulties and this in itself will cause them to come to the operating room in an adverse mental attitude. It is very important, especially when nitrous oxide and oxygen is to be administered, that the patient be kept as calm as possible prior to the administration.

When conductive anaesthesia is given the foregoing instructions with regard to tight clothing can be modified because the conductive anaesthesia is not as severe and the patient is conscious throughout the operation.

Attentions to be Given by Nurse to Patients After Extractions

When the patient is ready to return to the retiring room after the extraction has been effected, the nurse should accompany the patient and see to it that every comfort has been provided for. She should remain until assured that the patient is recovering sufficiently so that the nurse's presence will not be required again for some time after leaving the patient alone in the retiring room. Special attention must be given patients who have been subjected to heavy extractions or prolonged

anaesthesia, because these patients as a rule are finicky after the operation has been performed, and being super-sensitive at such a time they will not forget the thought which has been given to their comfort.

The well appointed retiring room, if of sufficient size, usually has a couch. Extraction patients, aside from those of simple extractions, should be requested by the nurse to lie down if only for a few moments. This helps to revive the patient and stimulates resistance, resultant in giving the unaccompanied patient sufficient confidence to leave the office unassisted. Sensitive patients, even though they are very ill, will hesitate to make use of a recovery couch unless invited to do so. If the nurse fails to invite patients to lie down, many of them might believe that the couch was not there for practical purposes, but rather for show.

Inasmuch as the average retiring room is small and usually an inside room, the nurse should pay special attention to circulation, being sure that the fan which is part of the equipment of a well appointed retiring room is turned on and in just the right direction. The after-effects of anaesthesia with certain people are varied. The retiring room may be comfortably warm yet the patient be subject to chills. In such an instance the fan must be so adjusted that the draft from it will not strike the patient directly, but rather have the draft pass over the patient. For such patients it is best to have on hand a light-weight wool blanket. With other patients, a retiring room with a temperature below normal might seem uncomfortably warm, and in these cases it would be best to have the draft from the fan strike the patient in an almost direct line.

It is perhaps needless to say that the nurse should see to it that the patient is not needlessly disturbed and is kept absolutely quiet. After all of the necessary comforts have been provided the nurse should leave the patient, but with the thought of returning to the retiring room every five minutes to make sure that the patient is properly recovering. It is well to instruct patients to lie on their right side, although with certain of them this is not always practical because some patients do not feel comfortable in that position. The main

thought is to bring about relaxation which with the conscious patient stimulates recovery.

The following items should be supplied by the nurse after the patient has been made comfortable, and the uses of these items will be apparent, depending on the condition of the patient:

Glass of warm water.

Glass of luke-warm salt water.

Hand pus basin.

Bottle of smelling salts or aromatic spirits of ammonia.

Several towels.

A cold, wet towel to be used as a pack to the forehead or the cheek.

When the patient has fully recovered and is ready to be dismissed, the nurse should help the patient to readjust her clothes, being cautious that all evidence of disarrangement has been removed. The importance of this phase of the question is not always appreciated by many of the dental nurses. The patient may not appreciate at the time this exacting attention, but usually after the patient gets home and rehearses her experience in the dental office all of these special attentions are recalled and doubly appreciated.

We stated previously that before extractions the patient should be given reassurance, but that it must not be overdone, and explained fully why. After the extraction the nurse may go to the other extreme with the patient in regard to a sympathetic attitude. The patient will really require this to a greater extent after extractions than before, all of which will impress the patient with the human side of the dentist's office.

Propriety of Nurse Sympathizing with Patients Undergoing Pain

We believe that it is most proper for the nurse to sympathize with patients undergoing pain during an operation. The extent of such sympathy, however, must be gauged by the nature of the patient. Some patients would take advantage of the situation if too much sympathy were being given. Sympathy to some patients has a tendency to bolster up their courage through the painful period, which perhaps is only to continue

for a short time. The doctor should not be expected to give sympathy for the reason that he is fully aware of what the patient is going through, and because of it is concentrating on the operative procedure and is exerting every effort to get it over with. Therefore, if he is to give sympathy in addition to performing the operation, it is apt to prolong his efforts rather than to shorten the operation.

The efficient nurse should thoroughly understand the various classes of operative work with regard to the pain which they bring about, and she should at the psychological moment give the patient proper encouragement. There is nothing quite so irritating to patients who are undergoing pain as to have the situation made light of. If the patient shows signs of suffering, the dentist as well as the nurse should make an acknowledgement of it, and under no conditions when it is evident that the patient is being subjected to pain should the dentist or nurse disagree with the patient in regard to it, or treat the patient as though the suffering were purely imaginary.

Special Attentions to be Given Patients by Nurse During Prolonged Painful Operation

There are certain cutting operations such as gingival third cavity preparations, sensitive dentine, especially where a leaky filling has existed, and the dressing of sockets after extractions, which affect patients in several ways. With some patients these operations produce chills, and with others they cause flushes resulting in perspiration. At such a time the nurse can do much to help the patient through this trying situation when perspiration is in evidence by applying a cold, wet towel to the forehead or gently wiping the patient's brow and face with a damp cloth. To those patients who are subjected to chills it would be most considerate to apply a hot towel to the brow, as well as to wipe the face with it.

These things can be done without interfering in any way whatsoever with the dentist's operative work. It is the least that can be done, and will do much to favorably impress the patient with the fact that the nurse is thinking of the patient's comfort. Men are particularly susceptible to this type of attention, resulting in favorable comment by them to their friends about the dentist and his nurse.

It is interesting to note that many in the profession still believe that in this day and age there should be no occasion for the type of pain spoken of in this answer, and give as their reason the solutions on the market for infiltration and nerve blocking, as well as desensitizing pastes, etc. Regardless of all these preparations there are many types of patients and certain areas in all mouths where these pain reducing remedies cannot be successfully applied, and it is of these that we state the nurse should efficiently do her part in helping the patient over the "rough spots."

Three Important Steps to be Taken by the Nurse When a Patient Telephones an Appointment Cancellation

If a patient telephones that it will be impossible to keep an appointment and asks cancellation of it, the first thing for the nurse to do is to immediately make another appointment and impress the patient with the fact that the new appointment is being especially arranged. This will indicate to the patient that everything consistent must be done to meet the next appointment.

The next step is to make out an appointment card, sending it to the patient by mail. This in itself will once more impress the patient with the importance of keeping the appointment.

The third step is to try and fill in this broken appointment by summoning some other patient whose work will require the same amount of time as that of the patient who made cancellation.

Proper Reception of Patient by Nurse

It is proper for the nurse to greet the patients in the reception room soon after they have entered it, but not immediately. The dentist who has a nice reception room, which has been furnished for the convenience and comfort of his patients is naturally as proud of it as he is of other departments in the suite. For this reason he would like his patients, especially those who have never been to the office before, to become familiar with the conveniences which have been provided for the comfort of visitors to the office.

When the annunciator announces that someone has entered

the reception room, it should be the thought of the nurse to allow the newcomer sufficient time not only to become seated in the reception room, but also to look about it. If the nurse immediately rushes out to greet the patient, the impression which the patient will gain from the reception room is apt to be interrupted. It is an old saying but nevertheless true that "The first impression is lasting," and inasmuch as the modern reception room is a patient's first impression of the dentist's establishment, the nurse should take advantage of the opportunity for the patient to be indelibly impressed.

We suggest that when the annunciator indicates the arrival of someone in the reception room that the nurse slowly count from one to ten before responding to the call. This will give the patient an opportunity to stand for a moment after entering and then be seated. By the time the nurse counts to ten and then enters the reception room to greet the visitor, the visitor will have had an opportunity to take in the entire room and its furnishings.

For the visitor to enter a reception room devoid of people and then to have the nurse or the dentist respond before the newcomer has had an opportunity to catch her breath, is apt to give an impression that the dentist or the nurse rushed out fearing that the patient might get away before they could intervene.

Psychology plays no small part in the proper conduct of a dental office, and it is well to begin to apply it in a place where the first impression is gained—namely, the reception room.

Special Attentions by the Nurse to Sickly Patients

Special attention must be given to sickly patients such as rheumatics, paralytics, and those crippled by neuritis and will depend upon how badly the patient is afflicted. These invalids are usually supersensitive and if the nurse seems too anxious to please, especially in the presence of other patients, it is apt to be most irritating to them. When the afflictions of this type of invalid are apparent to everyone in and about the office, it is best for the nurse to help the patient out of the reception room, either into the business office or retiring room—in other words, away from the gaze of other people. When the nurse has made the patient comfortable in a department other than

the reception room, she should tell the invalid that the added privacy will afford more comfort than would be possible in the reception room.

The nurse should help the patient off with wraps, removing them if possible after the patient has become seated and also remove the rubbers or overshoes. If the affliction is in the lower extremities, and providing the patient will have to wait some little time before being admitted into the operating room, the nurse should provide an extra chair so that the patient's feet or portion of the limb below the knee may be placed on it. The nurse should not first stop and ask these afflicted patients whether she may do so-and-so for them. She should do what seems necessary, and then if the patient states that she does not care for it, the nurse should abide by the invalid's decision in a graceful way. Sickly patients as a rule do not like to be asked a lot of questions as to whether they would like the nurse to do certain things. Invariably when these questions are first put to them, minus action, the patient will reject the proposal with the thought, however, that the nurse is asking foolish questions which she ought to be aware of.

Depending upon the condition of the patients and provided they come to the office unaccompanied, the nurse should not be content to leave them by themselves during the waiting period. Sickly patients as a rule do not like to be left alone. Therefore, when the nurse remains with them during the waiting period she must be sure to guide the conversation which might ensue, and avoid as much as possible talking about the patient's physical condition.

When such patients are placed in the dental chair the nurse should have foresight enough to know whether the standard position of the dental chair will be applicable and practical. She should position these patients without thought of ease of operation for the dentist, but rather with the thought foremost in mind of positioning them in such a manner as will be most comfortable. For the time being she must dismiss from her mind the maintaining of proper operative angles. The dentist, appreciating the invalid's condition, will for the time being consent to operate with considerable discomfort to himself.

At the time the appointment is made for an invalid patient such as described, the dentist and the nurse will be most

thoughtful if they will set the appointment hour at a time when they are sure that there will be no other patients in the office. This will help to eliminate some of the invalid's embarrassment.

When an invalid patient is being dismissed, the nurse should be equally as considerate as when the patient first entered the office. In other words, she must help the patients with their wraps, and if possible these should be put on while they are seated. Such a patient should always be dismissed through a separate exit rather than through the reception room.

By properly caring for invalid patients additional new patients find their way to the office.

Procedure by Nurse With Persons Who have Something to Sell

The fact that such people as insurance, stock and bond salesmen, solicitors, etc., come to the dental office for purposes other than dentistry is no indication that the nurse should be abrupt with them or show any discrimination in her procedure of giving them attention as compared to regular patients. The nurse must be the judge as to whether what they have to offer will be of interest to the doctor. If she thinks the doctor will be interested in the salesman's proposition, then she should suggest that the salesman return after regular office hours, at which time an interview will no doubt be granted. If she is quite positive that the proposition will be interesting to the doctor, she might suggest to the salesman a certain day and make an "after-office-hour appointment." If she knows before hand that the salesman's proposition will not interest the doctor, then she should not hesitate to state it.

If the salesman still persists, she should state the exact office hours and be emphatic that the doctor can only be seen after them on appointments other than for dental purposes. In this connection, however, she should not intimate in any way that she will arrange an appointment for any certain day or hour.

The nurse should receive and dismiss these people in such a way that they will entertain only the kindest of feelings toward the doctor and his nurse, because some time, and possibly in the immediate future, they might return to the office seeking the doctor's services.

Caps for Lady Patients as an Aid for Comfort and Convenience

In addition to placing upon a lady patient a napkin, bib, or apron, we would suggest a patient's cap made of white linen for the winter months and of closely woven net for the summer months. In this day of the many different modes of hairdressing it is sometimes very difficult for the dentist to operate without disarranging the patient's hair, especially at times when it is necessary to support certain materials in the patient's mouth with the fingers of the left hand. A dentist should have a sufficient quantity of these caps, so that a clean one can be placed on each lady patient.

A cap will be very impressive to the patient because it convinces her of the dentist's foresight for her comfort and appearance, in addition to proving without words, the individuality and refinement of the office.

Preparatory Operative Assistance by Nurse

The nurse should thoroughly understand the proper spraying of the patient's mouth before and after operations. She should know just what solutions to use, and the proper temperature for them. Aside from positioning the patient in the chair, adjusting the linen cap to the patient's head and attaching a napkin she should be able to do the following if it is indicated by the nature of the operative work about to take place.

1. Cut, punch and place in the mouth the rubber dam, together with the rubber dam clamp.
2. Very carefully pass ligature between the teeth and tie it in support of the rubber dam.
3. Fasten the rubber dam holder, and place under the holder a napkin so as to overcome making an impression of it on the patient's cheek, as well as adding to the patient's comfort.
4. Place cotton rolls in the mouth.

There are many other things which a nurse should be able to do for the dentist in getting ready for the operative work

in the patient's mouth. We are only listing a few of the important ones.

If the nurse has had no experience in accomplishing these things, the doctor should at least give her a chance to learn by allowing her to first practice these things on him until she is competent to do them for the patient. When she has learned how to properly accomplish these in addition to positioning the patient in the chair, she can then accomplish a material saving of the dentist's productive time.

SECTION X

Management of Child Patients

Proper Relationship Between Dentist or Nurse
and Child Patients

MUCH of the success in managing children may be attained through tact and skill of the nurse. If the nurse has a happy disposition and can bring herself to a level with the child, she should have no difficulty. At the time the appointment is made for the child the nurse should obtain the child's given name, age, if he has ever been to a dentist before, and if so whether the dentist had trouble in controlling the child and why. The nurse should take the time to form an acquaintance with the child, using the information gathered at the time the appointment was made as an introduction to the acquaintance.

When the child is first presented in the reception room, the nurse should converse with him long enough in a childish way so as to discover his likes and dislikes, in order to gain absolute mental control before any operative work is attempted.

On the first visit the child should not be forced to submit to work under protest unless it is necessary to the health of the child.

How the Dentist is to Receive a Child Who is
Under Eight Years of Age

The dentist should never meet the child patient in the operating room for the first time. The reception room is preferable because the child will be in an environment similar to that of the living room in his home, and he is more apt to take to the dentist in such surroundings than in the operating room where things are in evidence which he has never seen before and which will seem mysterious as well as suspicious.

The dentist should not attempt to "rush" the child. In other words, to see how quickly he can get the little patient into the operating room and have it over with. These hur-

ried tactics usually promote obstinacy and nothing much can be accomplished when such a mental condition exists.

Especially with the child a first impression is a lasting one, and the dentist because of it should try and make his first introduction to the child as pleasant and agreeable as possible. The child's confidence cannot be gained in any other way.

When the dentist first meets the child in the reception room, he should do so in a stooping position so that he will bring his eyes on a level with the child. The little tot is more apt to respond to the dentist's questions in this position than if obliged to look up to him. There is nothing so pleasing to parents than to witness proper considerate attentions being given to their child, and it is through these special efforts on the part of the dentist that many a good patient is recommended to him by parents.

How the Nurse is to Receive a Child who is Under Eight Years of Age

Even in the present advanced age the first visit of the child to the dental office is usually at a time when the visit has been forced because of mouth neglect, and 90 per cent of these cases are accompanied with toothache. This visit to the dental office, being accompanied with the toothache, naturally puts the dentist and his office on an unfriendly basis in the eyes of the child. He knows beforehand through information imparted to him by the parents that a trip to the dental office is necessary. The child in turn passes this information on to certain of his playmates who perhaps have already had their sad experiences in this respect and do not hesitate to enlarge upon them to the new recruit. The result is that the suffering child conjures up all sorts of mental pictures not only of the dentist, but also of the nurse, the office, the instruments and especially the dental engine. It is for these reasons that the nurse and the dentist should make special efforts to reassure the child when he is first presented.

When the child gets his first glimpse of the nurse dressed in uniform in the reception room, he is inclined to hold himself aloof because the uniform impresses the child that perhaps there is something to the talk he has previously heard about the den-

tist's establishment. No doubt the child patient has never seen a woman dressed in so severe a costume. For the nurse to briskly walk up to the child would be contrary to a proper reception. The procedure would be to walk slowly to within 3 or 4 feet of him, and then stoop in as natural a way as possible so that the eyes of the nurse are on a level with those of the child. The nurse's elbows should rest on her knees with the hands in a drooping position and from then on childish conversation should ensue. If this conversation is natural, the child will soon come close enough to the nurse so that he can be touched and then, the ice having been broken, confidence is established.

When the child is being escorted to the operating room another problem is to be solved, for there the child will see some things entirely different from anything he has ever seen, and there again he will be reminded of certain things told by his playmates. For this reason the conversation between the nurse and the child in the reception room should be along preparatory lines in regard to what the child will see in the operating room, and beforehand such equipment as the dental chair, the unit and the instruments for the mouth should be talked about in connection with childish illustrations so that when the child gets into the operating room he will not be startled by what is in evidence, but rather look forward to actually seeing a demonstration of this mystery equipment. Of all patients coming into the dental office children patients are the most difficult to manage. However, managing them properly is not so difficult providing the nurse will study children and try to realize how different their thoughts are as compared to the thoughts of adults. The first lesson then for the nurse should be to learn to like children, and to have this affection reciprocated by the child. The child is always accompanied and a great mistake most nurses make is to address their conversation about the child to the accompanying adult. The nurse should always direct her conversation to the little tot and try and keep the adult in the background. If this is not done the conversation that ensues between the nurse and the adult is sure to convince the child that there is something unusual brewing.

Space will not permit the giving of further details in regard to this important question such as the exact conversation

which should take place between the nurse and the child in the reception and operating rooms and the conversation between the dentist and the child. We have only dealt with fundamental principles, and depend upon the dentist and nurse to build their story upon the substance given.

Literature for Children

Literature for children should be selected with infinite care and by someone familiar with the subject. Oftentimes the child patient will be detained in the reception room for considerable time before being admitted into the operating room, and for this reason proper literature subjects must be provided not only for the entertainment of the child but of such character as will help to put the subject of dentistry entirely in the background. The child must come to the operating room in a proper mental attitude, and this will not be possible if literature is given him containing pictures suggesting strife or detailing stories of ugly fairy tales, war pictures or showing animals with snarling open mouths. The subjects should be light, pleasing and easily understood by children. The pictures contained in these books should be flower subjects, or those of healthy happy children at play, etc.

Good books to have on hand for children are as follows:

“Peter Rabbit”

“Billy-Forget-me-nots”

“Alice’s Adventures in Wonderland” by Lewis Carroll.

“Friendly Fairies,” by Johnny Gruelle.

“The Turned-Intos,” by Elizabeth Gordon.

“My Very Own Fairy Stories,” by Johnny Gruelle.

“Child’s Garden of Verses,” by Robert Louis Stevenson.

Copies of the above books with profuse illustrations and in pleasing colors should be selected in preference to the plainer ones.

Proper Conversation Between Dentist or Nurse and the Child with Regard to Instruments Which are Being Used

The dentist and the nurse must be considerate of children patients when engaging in conversation with them in regard

to certain instruments which will be required for the operative work. The technical terms of the various instruments should be thrown into the discard and in their place such terms employed as will be intelligible to the child. Children who are being operated upon will look with suspicion upon anything which is foreign to their understanding, and as a result stretch their imaginations along lines which are apt to make it difficult for the nurse or dentist to manage them. The dentist and the nurse when holding conversation as to just what will be necessary in the way of instruments and material should direct their conversation to the child instead of to each other.

If the dentist desires the nurse to get a particular instrument he should state to the child that the next instrument he is going to use will do a certain thing in the tooth, and the instrument and operative procedure should be explained through childish illustrations. The nurse who is alert will recognize the instrument through the explanation given the child by the dentist, and before the dentist has finished his story the nurse will have presented the instrument. This, then, means that the dentist will have to anticipate his wants sufficiently in advance so that the nurse can have the instrument ready and in place just prior to its use.

When the operative work has once been started it will be best to keep up with it a continual line of childish talk and not allow any lagging in the work such as waiting for instruments, etc., because it will be found that many children will take advantage of the pauses by becoming obstinate. It depends a great deal upon the nature of the work whether many of these pauses are necessary. Whenever possible, the operative work should be continued without a break and childish conversation should ensue.

The dentist and nurse should avoid using words suggestive of things unpleasant as—nerve, hurt, disease, etc., or speaking of mouth conditions as being very bad—because the child is sure to interpret all of these as being something disagreeable.

The proper way to visualize the various instruments and appliances to the child is to compare them with toys and various implements for which children automatically develop a liking. The hatchet should be compared to the little toy hatchet used in candy shops in Fairyland for breaking molasses candy. The hoe should be likened to the child's garden hoe;

the burr compared to the bumble bee as described in fairy tales. The chisel may be called the rake. The excavator may be called the little shovel; the explorer named the fishing pole; the mouth examination lamps compared with searchlights or likened to those worn by miners on their caps. Regulating appliances for very young children should be talked about as fences to keep the bad men out. The various sprays should be known as a hose with which to wash away bad bugs, etc. etc.

A childish illustration can be given to practically everything in a dental office, and it will do much toward making children fond of the dentist and his nurse.

How to Describe the Dental Chair to a Child

We have previously stated that the child should be prepared in the reception room by the nurse for what he is going to see in the operating room. Perhaps the most interesting story to the child will be the one about the dental chair. The nurse should tell the child that he is going to sit in the queerest kind of a chair, one that can be made into a tiny chair and in just as short a time into a great big chair. She should also state that the chair goes up very much like an elevator except, of course, not so high. The child will be quite interested when told that the chair can hold two people—namely, the child and the nurse—and it can go up with both of them sitting in it.

When the child is taken to the operating room it will be well for the nurse to make good her statement about the chair. The nurse should adjust the chair into the child's position, and immediately place the right arm in a position so as to make a seat. At the moment that the child is placed in the chair the nurse should sit on the arm so as to prove to the little patient that she, too, is going to sit in the chair. This procedure will put the nurse's eyes on a line with those of the child and realizing that he has company, any preliminary doubts that the child might have will be dispensed with. The nurse should make good her story to the child about the chair going up and down like an elevator, and while seated on the arms should raise and lower the chair. The child will notice that the nurse is riding in the chair with him and because of this, certain fears which he has are done away with. At this point it will not be difficult for the dentist to take his operative position and



Ritter

An operating room arranged and equipped in keeping with successful present day practice. A dentist operating in such surroundings enjoys an atmosphere of harmony and individuality and is able to perform his work with a minimum of effort. The positions of equipment and fixtures have been carefully considered from the standpoint of space economy and to insure the greatest facility.

Notice the practical manner in which the radiators have been covered, thus enhancing the appearance of the room and providing an added convenience. Also note the foot valves on the lavatory.

This is a southern exposed operating room. The walls and ceiling have been painted in Lichen gray accordingly.



Ritter

This well arranged business office is of the same suite as the reception room shown opposite page 224. Mounted on the wall in the right foreground can be seen a signal box which is a part of a system connecting the various rooms of the suite.

It is just as important to impress patients with the business principles of a dental practice in this department of the office as it is to impress them with operative skill in the operating room. A properly furnished business office provides a place for private interviews between the dentist and his patients, and such an office should be included in every suite.

continue the conversation with the child where the nurse has left off.

When and Under what Conditions Parents should be Admitted in the Operating Room and Allowed to Remain During the Operation

The parent, in most instances, should be allowed in the operating room with the child and especially so at the time of the child's first visit. If the parent is not wanted in the operating room, this in itself frightens the child and is apt to convince him that an unusual ordeal is awaiting which requires strict discipline not possible for the parent to give. The child immediately recognizes that this heartless discipline and control, whatever it might be, is being transferred from the parent to another —a stranger.

During the first few visits of the child to the dentist's operating room it is the best policy to admit the parent. As the work progresses and as the child comes to know in a more intimate way the dentist and his nurse, the parent can be dispensed with and usually at a time when it is more desirable to the dentist and his nurse than at first. It might be well to state that when the parent is admitted to the operating room it should not be with the thought of standing in the way of the dentist and his nurse, or in any way interfering with the operative work. The parent should be kept in a place in the operating room so that the child will know at all times that the parent is there with him. This gives a moral support to the little tot.

SECTION XI

The Dental Hygienist as an Asset



EVERY dentist desires a controlled practice. To dismiss a patient after a completed work without planning future visits is as inexcusable as a surgeon dismissing a patient without arranging for future dressings. To have a patient report at stated intervals for prophylactic treatment and observation is ideal. The periodic appointment system can be made effective by turning it over to a dental hygienist. She is the sanitary aid who prepares the field of operation. She labors on the plus side of the health line.

The pressure of work in most dental offices, in meeting the demand for treatments and restorations, leaves the dentist too busy to meet the newer responsibility of prevention. The physician has found the field of prevention covered by the sanitary engineer and students of hygiene, with the result that he finds himself free to study and find solutions for the higher scientific problems existing in his profession. The dentist, too, in the same measure should avail himself of the assistance of the new professional woman—the trained dental hygienist. There are many dentists who still believe that to accept the hygienist would be to impair the profession's rigid code of ethics, and that hygienists as a whole will succeed in assuming operative responsibilities not sanctioned by the authorities.

The dentist who has a practice large enough to support the services of a hygienist will, in order to protect his own interests, see to it that she will not even attempt to do operative work for which she has received no training. The various dental institutions interested in training the hygienist give courses of such an intensive nature that any ambitions the hygienist might have to overstep the bounds will be curbed initially. Inquiry also reveals the fact that hygienists with ambitions to do in private practice those things not sanctioned by law are never allowed to become full-fledged graduates. The course of training represents one year of very serious work with its 300 hrs. of lectures, 136 hrs. of manikin practice, and more than 500 hrs. of actual clinical practice on real patients, all this

aside from detailed service in such departments as surgery and radiography.

This training produces a group of women filled with enthusiasm, competent and ready to do their best in the great movement for better health. Some of the curriculums provide for practice in public speaking, so that the hygienist may be prepared to go into the public schools to not only teach and treat the children, but also to speak before parent-teacher associations upon the subject of nutrition and mouth hygiene.

Twenty states have now passed laws outlining the activities of the hygienist. Their ethical standards have been set very high, and so far the fear that they would overstep their prescribed bounds has not materialized. Every dentist with a gross practice of \$8000 or more should be interested in employing the services of a hygienist, because with her added activities in the office and the ethical publicity she can give him, his practice can be greatly augmented, aside from the added prestige he will enjoy in his community.

Those dentists, who are interested in securing the services of a dental hygienist, should write to the various schools which are conducting courses for them. The proper time to correspond with these institutions is just prior to the graduation month which is June. Most of the graduating hygienists make arrangements for positions before they finish their course. Schools for hygienists usually have a list of those out of employment, as it is natural for hygienists to depend upon faculty members of their school to put them in touch with dentists who are seeking the services of hygienists. At the time the dentist makes application for a hygienist, he should state exactly what he expects of her. Some dentists prefer a hygienist to do not only her work, but assist in the office as well. If that is the case, it should be understood at the time the hygienist is engaged.

There are a number of schools which conduct courses for hygienists. We are listing only those which are nationally known.

Rochester Dental Dispensary
Columbia University
Forsyth Dental Infirmary
University of California

SECTION XII

Planning The Dental Suite

The Value of a Modern Office

THE average dentist in performing his daily operative work little realizes the material savings in both time and effort that could be effected by a simple re-arrangement of his offices. Efficiency in daily operating routine is a factor that is receiving much consideration by dentists because they realize that it is the means of obtaining from their practice an income commensurate with their ability.

Performing operative work in a haphazard manner, handling patients without giving thought to their comfort and convenience, doing business on a "scratch pad" basis and working under an environment that makes success almost impossible, causes many of the professional failures yearly.

Man cannot work under adverse conditions, for the physical being fails to respond to opportunities that present themselves each day. Your office is your day time home—make it a pleasant place in which to work, let it offer efficient ways to complete each day's work and lastly let it be in keeping with your professional ability and aspirations.

Ritter Planning Service

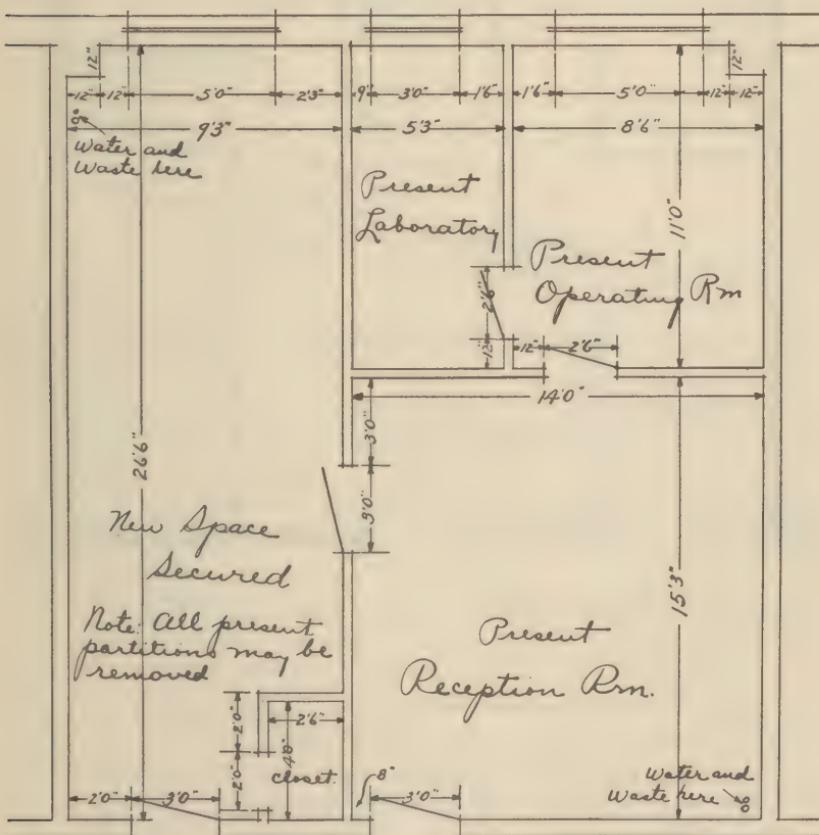
So that a dentist can enjoy the conveniences and privileges of a practically designed office we have established a planning department to prepare working plans and blue prints for the constructing, decorating and furnishing of modern offices.

This department is in the charge of men who have spent years in the dental equipment and supply business and their experiences enter into the making of every plan which passes through this department. Appreciation of their efforts is voiced daily in letters commenting upon plans they have designed and which have been executed to the complete satisfaction of dentists for whom they were intended.

We offer this service without cost only asking that we be given complete information concerning your plans, what

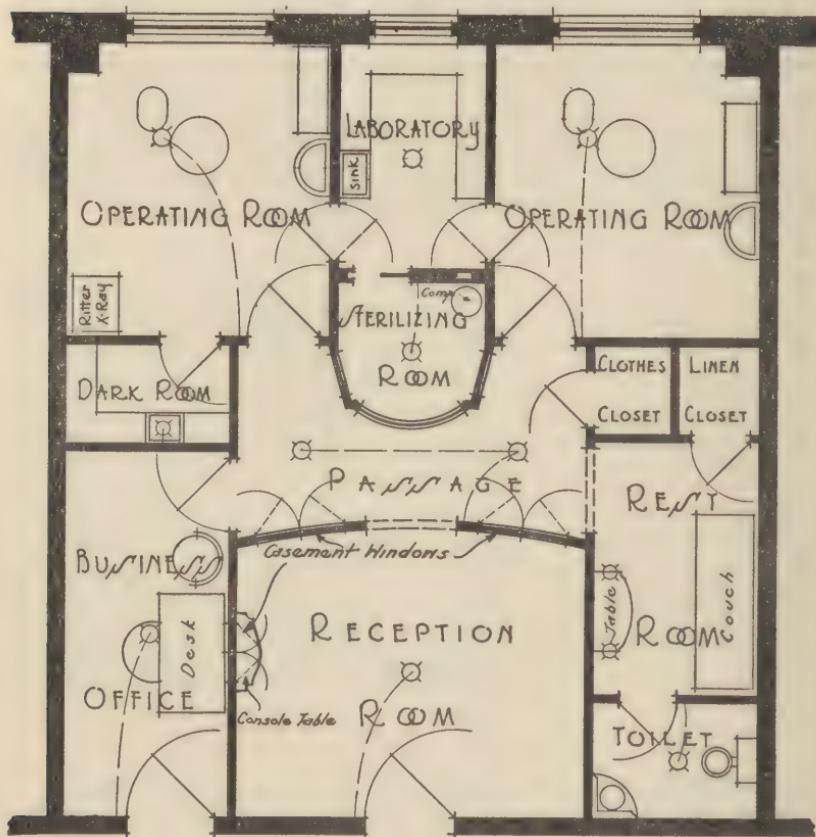
equipment, etc. you have and the space secured for your offices. For the convenience of those wishing to avail themselves of this service we have prepared a questionnaire in booklet form which when filled out gives us the desired information to start working upon a preliminary sketch which is first submitted for your approval. When the sketch has been approved our planning department then prepares complete working drawings and suggestions as to color schemes, floor coverings, etc.

Following is a sample of a rough sketch sent to us in a questionnaire, showing the space a dentist had, his present arrangement and new space that he had secured.



PRACTICE BUILDING SUGGESTIONS

The final plan for this space is shown here and these comparative illustrations in detail give you a clear idea as to the nature of the service we render.



SECTION XIII

The Dental Suite, its Construction,
Decoration and FurnishingsHow to Proportion Small Rooms
With High Ceilings

IN remodeling an office in which it has been decided to have operating rooms of the sizes of 7 x 9, 8 x 9 or 8 x 10; the ceiling 12 or 14 feet high; the upper window sash 11 feet from the floor, what should be done to properly proportion the rooms?

In remodeling an office care must be exercised regarding the ceiling heights. If the ceiling is low or high in the operating room the effect can be heightened or lowered by the proper placing of picture molding.

Low ceiling: A picture molding should be placed directly against the ceiling. The ceiling is to be treated with a light color blending somewhat with the color of the side walls. This treatment of the ceiling, together with the picture molding will give a heightened effect.

High ceiling: If the ceiling height is twelve or fourteen feet the proper treatment would be to lower the picture molding a distance of eighteen inches from the ceiling. This will allow for a deep frieze and it should be treated with the same color as the finish of the ceiling. This procedure will bring about a lowered effect.

If a low ceiling in the reception room is studded at its joint with the side walls by the use of a large cove molding, this also will be very effective in giving height to this room.

If the ceiling in the reception room is very high you can produce a lowered effect by carrying out the same depth of frieze as suggested for the operating room. In this instance a paneled effect would be indicated below the picture molding, consisting of a narrow strip wood molding and decorated the same as the wall.

If the height of the ceiling is over fourteen feet, it is necessary to build a false or suspended ceiling. In other words, a plaster

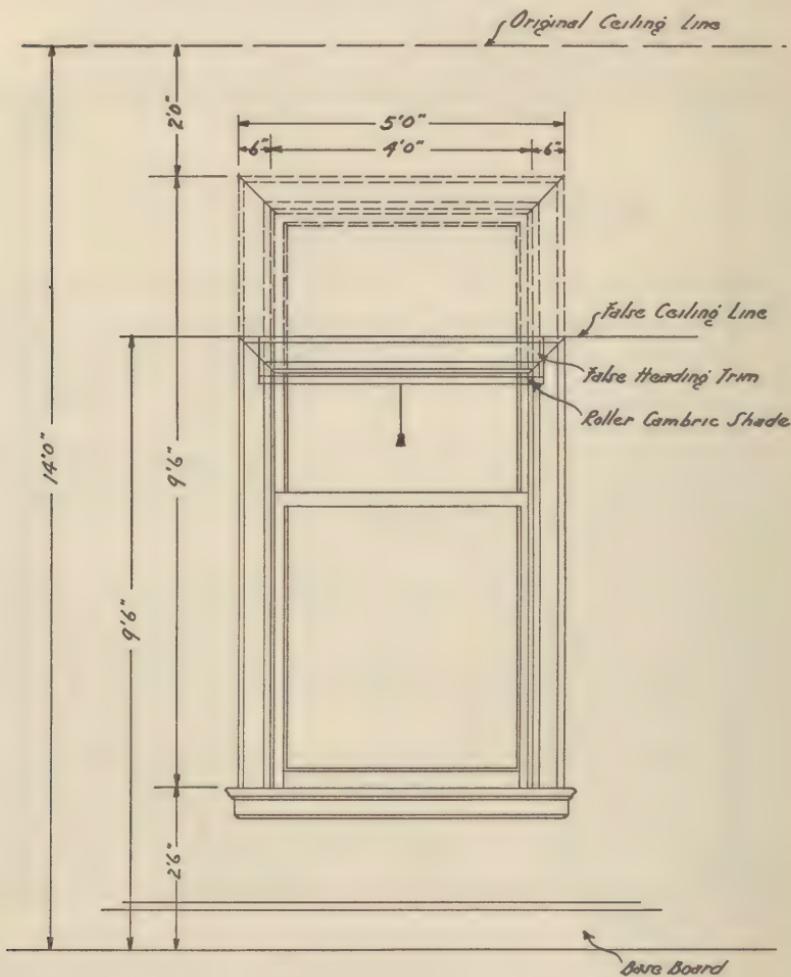


Illustration of False Ceiling as Described in this Section

Scale $1\frac{1}{2}''$ = Foot

and lath ceiling is to be run across the entire suite of offices at a height of not less than 9 feet 6 inches from the floor. If a false ceiling were not built into these rooms to displace the abnor-

mally high ceiling it would make the office seem heavy and oppressive.

Very frequently windows are abnormally high in rooms with high ceilings. Therefore, care must be taken that a false ceiling which might come directly in the middle of an upper window sash be properly finished so that it cannot be viewed from the outside. The proper architectural procedure would be to build on the inside of the false ceiling, a window heading. This will give a finished inside window effect. A roller shade should be hung on the upper heading of the old original window and drawn down so that the false ceiling line coming in the middle of the upper window cannot be seen from the street or adjoining buildings. The question of proper ventilation would enter at this point, but this has been treated as a separate subject.

Proper Partitions and How to Build Them

Composition board materials, as a rule, are not desirable for the dental office. Regardless of the care exercised in building in such partitions they do not give a finished appearance. These materials, after they have been installed, are also subject to warping and splitting and are easily dented. Under these conditions it is practically impossible to properly restore the surfaces to their original condition. It is most essential that a dentist have sound-proof walls and this cannot be acquired with composition board materials.

Partitions with Florentine or prism glass panels are not desirable or practical in the dental office for the reason that they lack privacy for the adjoining departments. Even though the glass in these partitions is not fully transparent, it is sufficiently so to make it possible to detect shadows and movements of persons in adjacent rooms. Glass partitions always look bare and cold and destroy the harmony of the office.

It is a difficult matter to properly conceal the pipes for plumbing as well as electric conduits in these partitions. It is impossible to properly locate electric outlets at the various necessary heights on the walls, neither can pictures be properly hung.

These glass partitions cannot be camouflaged by covering the panels with drapery materials. A suggestion of this sort

is a false economy which is not only expensive but causes eventual dissatisfaction.

When advising for or against glass partitions, we take into consideration the dentist's financial limitations. At this period glass partitions are somewhat less expensive than those of plaster and lath or plaster and tile. When we have determined that the dentist must economize in the construction features of his office, then we suggest these portable partitions.

In certain buildings these have already been placed and frequently such buildings prohibit the removal of them. In such instances, and providing the partitions contain glass panels, we would suggest that these panels be removed from the partitions and wood panels inserted in their place. This procedure would do away with the undesirable glass features. When these partitions are built up to the ceiling it would be advisable to arrange the panels at the ceiling line so that every other one can be pivoted in order to open for ventilation.

In such buildings where glass partitions are already in place it is not unusual to find them of the height of 7 feet 6 inches because they are of a regular stock design. The dentist should build these partitions up to the ceiling whenever possible for the added privacy that complete partitions will afford both himself and his patients.

Proper Ventilation System and its Installation in the Absence of Transoms

One or two ventilating grills 4 inches by 8 inches or 6 inches by 10 inches should be placed in each room just above the picture molding and on a line with it. Aside from the height their locations should be selected where they will not be in direct view. These grills come in various finishes, such as black Japan, oxidized copper, brass and nickel. The black Japan grills would be best, providing they are installed previous to decorating the walls and ceiling because they can then be painted the same color which will further help to make them inconspicuous.

If the office has a false or suspended ceiling it would be best to place these grills over the door in the ceiling if possible. They will hardly be noticed at such a point and ventilation

from the various rooms through the grills into the space above the ceiling is most ideal.

Regardless of whether these grills are in the wall or the suspended ceiling, they should be countersunk and built flush with the surface.

Proper Size of Wood Trim for Small Rooms

In many spaces that are being subdivided into small rooms for the dentist the original wood trim is usually from $4\frac{1}{2}$ inches to $5\frac{1}{2}$ inches wide and the baseboard is from 10 inches to 14 inches wide. Such wood trim would not harmonize with small rooms. Therefore, wherever possible, a baseboard should be installed which is 6 inches to 8 inches wide and a wood trim—such as window and door casements and window and door headings—should not be over $3\frac{1}{2}$ inches in width. This wood trim should be of a plain milling and this simplicity of design will promote an effect of spaciousness within the rooms. If the dental office is to be an institution of health and harmony, it must also appear harmonious in design and this would not be possible if large size wood trim were used throughout. The narrow trim is also less expensive.

Lavatories and Sinks, Their Proper Fittings, Installation, and Location

Lavatories should be placed at least 36 inches from the floor. When hung at this height it will help to eliminate, for the average dentist, stooping each time that he washes his hands. To have the lavatory mounted high enough so that a dentist can stand erect when washing his hands certainly helps to eliminate a lame back at the end of the day. If a dentist is exceptionally tall the lavatory should be hung at a height of 38 or 40 inches.

In determining the height for the lavatory on the wall, measure from the floor to the top of the lavatory apron.

It is important, when submitting your office plans to the plumber, to always mark on them the proper height of the lavatories and sinks.

We would suggest fittings controlled by foot pedals. It is practically impossible to keep lavatory water cocks or faucets sterilized. If a dentist or his nurse has to turn these on and

off by hand there is some danger of contamination to instruments which have been sterilized. For these reasons hand faucets are not in vogue and are considered obsolete in hospitals. Inasmuch as the medical profession has positively proven that hand faucets are detrimental to sterilized instruments, it will be well to bring this thought to the dental profession, in view of the fact that sterilization is equally important to them.

While the knee pedal controls do away with the turning of water on and off by hand they are not as desirable as foot pedal controls for the reason that the dentist places himself in an awkward and tiring position while using them.

It should be remembered that the best fittings for laboratories are those of brass nickel plates or white metal. The latter will not become tarnished. The pantry faucet is most practical placed at a height of 8 inches and which gives a soft flow of water and also with this sort of spigot it facilitates replenishing the water in the sterilizer.

Vitreous china is more desirable than enameled iron basins for the reason that it is easier to keep clean because of its hard vitreous surface.

The procelain glaze on vitreous china is an integral part of the article and has been fused in a heat that would melt cast iron. The pure ivory color of vitreous china basins is more pleasing to the eye than that of the average enameled iron basin. Vitreous china basins retain their lustre while enameled iron basins soon become dull and are easily discolored.

The enamel used on cast iron is fused to the metal after the casting is molded. It is relatively soft in texture, because if a heat high enough to vitrify it to the hardness of china were used, it would melt the iron. Such an enamel is somewhat porous which allows dirt to adhere easily to its surface. Vitreous china is much superior not only from the standpoint of beauty and durability but sanitation as well.

The most desirable place to hang a lavatory in the operating room is directly in back of the chair. If door space will not permit this, then the next best location would be in back and to one side of the chair. This location is most practical for the dentist and the nurse because, when operating, the dentist and nurse usually face that direction and in that case it is a natural step toward it from the operating side of the chair.

Frequently cement slabs and spatulas are placed in lavatories

for cleaning. Because of lack of understanding this usually impresses the patient as an untidy procedure. If the lavatory is hung at the back of the chair the instruments which might be in it are apt to be unnoticed by the patient.

A very practical lavatory for the operating room is Trenton Potteries Plate No. 233-OR. This is of proper proportion for the average operating room. A large lavatory breaks up the balance of the room, is entirely too conspicuous and occupies too much valuable space that could be used for another purpose. If at all possible, a sink should be mounted level with the laboratory bench. Almost daily a dentist will have occasion to move such appliances as a vulcanizer or heavy casting flasks into his sink. If it is located higher than the working surface of his bench these appliances will have to be lifted into it. On the other hand, if the sink is level with the working surface of the bench, the appliances can be slid into the sink without effort.

If possible, the laboratory sink should be countersunk in the bench itself and in that part of the bench where most of the "mussy" work is done.

This will go hand in hand with cleanliness and orderliness in the laboratory department which is virtually the kitchen of the dental office.

A sink located at a distance from the bench hampers laboratory efficiency. Vulcanizers and flasks carried from the bench to the sink and back again drip water on the floor as well as particles of plaster, etc., and this in itself produces untidiness.

If it is impossible to countersink a lavatory in the bench the next best thing is to place it immediately adjacent and level with the top of the bench.

The size of a sink for the laboratory will depend entirely upon the dimensions of the laboratory itself and the number of people working in the laboratory at one time. If the sink is countersunk in the bench a 12 inch by 12 inch, inside measurement, would be correct. If it is to be located immediately adjacent to the bench one about 15 inches by 20 inches, over all, would be desirable. The sink should be just large enough to meet the requirements. We want to emphasize this point because most dentists have sinks entirely too large for their purpose, which means that room is taken up unnecessarily in

the laboratory which is usually the smallest department of the dental office.

Paneled Effects for Walls of Reception Rooms.

When Indicated, Construction Procedure, etc.

By "paneling effect" on the walls of a reception room, is meant that the large bare spaces have been broken up into smaller spaces, giving a decorative effect to the walls and because of it, bringing them more nearly in direct proportion to the room itself, particularly in such rooms where there are abnormally high or low ceilings.

The advantages, aside from the decorative effect, are to be gained in the proper proportioning of the room. If the room happens to have a low ceiling the panels are to be narrow and run perpendicularly on the walls. If the room has a very high ceiling the panels are to be narrow and in proportion to the height but are to run horizontally.

The most inexpensive way to panel the walls of the reception room is to order from the mill a $\frac{1}{2}$ inch plain picture molding of No. 1 grade which is to be free from knots and blemishes. When ordering this material be sure to specify that it must be delivered with one priming coat on it. If the walls are of ordinary plaster, the molding is to be tacked into place just before the initial coat of paint is applied. On the other hand, if the wall is to be canvassed, the molding is to be tacked after the canvas has been placed and just before the initial coat of paint is applied to it. The painters are to paint the molding the same color as the side walls and when the last coat has been applied, the wood molding is then to be glazed, which will help to set it off.

The question of expense is practically nil, when taking into consideration the elegance that paneled walls give a room. The initial cost of the molding material depends upon the number of feet used. It can be purchased from a sash-and-door mill or concerns dealing in hardwood floor material, at a price ranging from three cents to eleven cents per foot. The plainer the design the less will be its cost.

If a good carpenter or cabinet maker is engaged he can complete the panelings within a day, provided the room is not larger than 10 x 12.

Each panel must be built in proportion to the space of the wall. It is important that each segregated space be paneled and your particular attention is called to the spaces above the doors as well as those directly above the baseboard. Pictures will show to better advantage when hung on a paneled wall because the paneled effect gives them a proper background. Even an inexpensive picture which ordinarily would look flat and without depth on a plain wall will give just the opposite effect if hung in a wall space properly paneled.

A patient's first impression of a dentist's office is gained in the reception room and, therefore, it is desirable to make this room as near ideal with regard to furnishings and decorations as possible. Patients are particularly observant of elegance and refinement and talk about it to their friends, which again means publicity for the dentist. Most dentists give little or no thought to their reception rooms and look upon them more or less as non-productive departments. Patients who have become accustomed to seeing the ordinary rank and file of dentists' reception rooms will be highly impressed with one that has refinements. At this point we want to bring home the thought that by elegance and refinement we do not refer to over-done decorative effects, lighting fixtures, furnishings, etc. In fact we urgently recommend that simplicity be adhered to, but not to the point of rank conservatism. It should not be your idea to lavish money on the reception room. In fact, your thought should be to spend as little as possible but to choose such furnishings for the least amount of money which will show the room to the best advantage.

Color Schemes for Northern Exposed Operating Rooms

The correct color scheme for a northern exposed operating room is flat old ivory. The next best colors to use are caen stone, cream ivory tan and light buff stone ivory tan. Under no conditions should stencil work be allowed in operating rooms, because this treatment gives an overbearing as well as a gingerbread effect. Simplicity of colors must be adhered to and stencil work does not promote simplicity. If the operating room is large a finely stippled wall minus brush marks would

be indicated. Such a treatment will add cheerfulness as well as proportion.

A northern light is very intense and while it is the finest light for operative work in the mouth, yet the atmospheric effect is very cold and oppressive. A northern light should be softened but not to such an extent that it will take away the good piercing qualities for actual operative work. Flat old ivory is preferred because it adds a certain warmth to the room as well as cheerfulness. The finish of equipment will have no bearing whatsoever on the color scheme.

For correct wall treatment, it is necessary to finish the wood-work in the same color as the side walls but one tone darker. In many new buildings the woodwork is finished in mahogany or Adams brown. If this finish is in good condition it should be left undisturbed. However, if the finish is poor and it is necessary to refinish, then the color treatment should be of the same general tone as the walls.

In many northern exposed operating rooms dentists use a gray color which makes the room appear very cold and has a tendency to make the north light too intense. When a dentist complains of ocular irritation we often find that incorrect color schemes are directly responsible.

Color Schemes for Southern Exposed Operating Rooms

Sunlight from the south, because of its brightness, high lights and shadows is very confusing to the operator and consequently must be toned down with an idea of producing, through the medium of colors, a north light effect. This can be accomplished through certain shades of gray, such as light silver gray, pearl gray, lichen gray, oyster gray and a combination of silver gray and caen stone.

In the summer months a southern room will usually appear hot and stuffy. Gray color schemes will overcome this because they give a cool effect and will also do away with sun glares as well as shadows. Glare and shadows are particularly bothersome when matching silicates, etc.

NOTE: The finish of equipment has no bearing on the color scheme, and is not to determine the wall treatment.



Harmony of colors together with simplicity of treatment give the pleasing effect shown above as a suggestion for double windows in a reception room.

The valance and overdrapes are of a harmonious and distinctive color blending, which produces cheerfulness within the room.

In properly decorating a window it is important to proportion the material according to the size of the window so that a pleasing balance may exist.



STRIPED KINTBURY
1441-320

FAIRIE NET
1415-231

The names and numbers of the drapery materials shown on this page refer to Orinoka Mills fabrics. These fabrics or others similar in design and material may be obtained at most dry goods, department and drapery stores.



An effective treatment for double windows in an operating room. This color scheme is well suited for western exposures. The use of an overdrapé of colored material does much to break up the monotony of a dull color scheme and enhances the appearance of the room without affecting the quality of natural daylight.



RAYDALE TAFETTA

1345-590

RAYHAM GAUZE

1531-320

The names and numbers of the drapery materials shown on this page refer to Orinoka Mills fabrics. These fabrics or others similar in design and material may be obtained at most dry goods, department and drapery stores.



The proper treatment for a single window in an operating room. The curtain rods are fixed to the lower window sash permitting the window to be freely raised, carrying the curtain with it.

The use of a valance or overdrapé is avoided for sanitary reasons.



SUNGLOW GAUZE 1311-303



SHADE CLOTH 6449-1

The names and numbers of the drapery materials shown on this page refer to Orinoka Mills fabrics. These fabrics or others similar in design and material may be obtained at most dry goods, department and drapery stores.

Color Schemes for Eastern Exposed Operating Rooms

The eastern exposed operating room is not a difficult one to treat because in most of them we get a combination north light the greater part of the day. If the exposure is obstructed by a large building or a court cutting off the sunrays then we would suggest a light flat old ivory. This color will help to eliminate the grayish atmosphere in the room under the above conditions. It will also promote cheerfulness within the room.

If the exposure is not obstructed then it is more advisable, because of sunrays, to use gray colors such as lichen gray, light pearl gray, oyster gray, light silver gray, etc. A very light oyster gray bordering on a dark caen stone color could also be used with marked effect.

NOTE: The finish of equipment has no bearing on the color scheme and is not to determine the wall treatment.

Color Schemes for Western Exposed Operating Rooms

Dentists, as a rule, if given their choice of exposures, would make the western and southern rooms their last choice because the sunrays predominate in these rooms for the greater portion of the day. There is no doubt that the sunrays do play havoc with the dentist during operative work if no thought is given to wall treatment. A western exposure room can be made very desirable if colors are selected which will diffuse the light and help to do away with high-lights and shadows.

Our choice for wall treatment for a western exposed room is light silver gray, pearl gray, lichen gray, oyster gray and caen stone. A combination of light silver gray and light pale azure will also be very effective in a western room.

In deciding upon color schemes three important factors must be borne in mind:

1. The reclamation of the natural light.
2. The toning down of the room.
3. The avoidance of colors that will cause unnecessary high lights or shadows.

Heavy, depressing colors such as forest green, cocoanut brown,

etc., etc., or shell pinks, old rose or those suggestive of red should not be used in any department of the dental suite.

In such departments as the reception room, business office, and hallways stencil work can be used provided a modest design is selected.

NOTE: The finish of equipment has no bearing on the color scheme and is not to determine the wall treatment.

Color Schemes for Retiring Rooms

For an inside retiring room, our first choice would be light orchid. Our second choice would be antique bright sage and ivory tan. If possible, the woodwork and furnishings are to be enameled in the same shade.

An inside retiring room is usually small and unless great care is exercised in selecting colors, this room will appear stuffy and top-heavy.

It must also be remembered that frequently patients who are ill are obliged to lie down in this room and therefore we must have colors which will give a healthy, cool and invigorating atmospheric effect.

The correct color scheme for an outside retiring room would be flat old ivory. This lends a tone of cheerfulness to a small retiring room in connection with natural light which is hard to duplicate with another color.

Stipple and stencil work should be avoided in a retiring room as they make a small room appear "stuffy."

Blues, shell pinks, grays, buffs, tans, browns, azures, forest greens and old rose should not be used on walls in retiring rooms for the reason that the size of the room will not permit it and because certain of these shades have a depressing effect on patients.

Why Shades of Red, Maroons, or Old Rose Should be Avoided on Furnishings in Retiring Rooms

All shades of red, maroon and old rose should be avoided in a retiring room for the reason that they are too closely associated with the color of blood.

Frequently after an extraction the patient must lie down in the retiring room. This is particularly true when nitrous oxide and oxygen have been administered. The resistance of these

patients has been lowered not only physically but also mentally. Because of this it is not difficult for them to stretch their imaginations in the wrong direction should everything they look upon in the retiring room suggest the color of red. Nitrous oxide and oxygen patients are easily affected by colors and if these are not correct it has a tendency to delay their immediate recovery.

Color Schemes, Floor Coverings, etc., for Sterilizing Room

The correct color scheme for a sterilizing room is flat white enamel for ceiling and side walls.

The floor should be of white tile or linoleum in a pattern to harmonize with the general architectural design of the sterilizing room. If linoleum material is used flowery designs must be avoided and square, set patterns strictly adhered to. The color scheme of the linoleum should be a two-tone effect, such as black and white, gray and white, black and gray with border in a darker tone of gray. In these floor color combinations white or gray should be the predominating color. We suggest light colored floor material for the reason that it helps to promote the appearance of the sterilizing room from a viewpoint of complete sanitation, which is so essential and which is really the purpose of the sterilizing room.

A cove base of the same material as the floor covering should be used in place of a wood baseboard. If a tile floor is used a cove base of tile should be included. We suggest cove bases for the reason that frequently water is spilt on the floor and if a cove base is used the water is easily mopped up which would not be so readily accomplished if there was a quarter-round and wood baseboard. If this accident happened frequently it would not only cause warping of the quarter-round and wood baseboard but would promote a disagreeable, musty odor.

Tile walls would be appropriate but in this connection it is very important that a dull finished tile be installed because it is not so apt to detract from the sterilizing room equipment as tile with a very high glaze. A flat white enamel is recommended in preference to a brilliant white because then there is no

tendency of a clash with the brilliancy of glassware as well as the highly nickelated sterilizer, etc.

The best flat white enamel material is known under the trade name of "Dutch Boy."

Wall Treatments Under Special Conditions on Account of Old or Broken Down Plaster

Frequently in old buildings, and particularly in buildings in the smaller cities, the walls and ceilings are in such condition that they will not permit further painting or papering.

If these walls are to be properly treated the old coats of paint or paper will have to be scraped off and in this procedure a certain amount of defective plaster would also be removed. These places in the walls are then to be "re-pointed," which means that the holes left in the walls, due to the removal of defective plaster, will have to be filled up with new plaster material. Because of the moisture in the new plaster it will take time for these spaces to properly dry out. A dentist usually cannot put off the decorating of his walls for a long enough period to allow these places to dry properly. If the paint is applied before the plaster has thoroughly set and dried, these different spots, which have been "re-pointed," will gradually dry out under the paint and then they will appear through the surface in a lighter color, which would result in a series of spots and blotches.

Rather than go to the expense of removing old paint and "re-pointing" the walls and ceilings it would be more economical and practical to cover them with what is known as "canvas." This material is not exactly what its name implies because when we think of canvas we think of a heavy fabric. The material which we suggest is really a muslin sheeting and it comes unbleached. It is known to interior decorators by the name of "canvas." This is placed on the walls in the same manner as wall paper. Its function is to give a new surface and to bind and hold in place the old imperfect plaster surfaces.

Canvas gives a finished surface such as cannot be obtained with plaster walls where the color has been applied directly to the plaster. A wall and ceiling that has canvas for a foundation and upon which oil paints have been applied can be

washed with soap and water and this will in no way injure its surface.

The expense of a canvas wall is offset by that saved in labor for removing paint and wall paper and "re-pointing." Walls and ceilings in the better homes are now being finished with canvas and flat oil paints are being applied in preference to wall paper. We recommend this practice for the dental office for the reason that when walls and ceilings are to be repainted it requires only one coat of paint about every three years. Taking everything into consideration, the application of canvas to walls in a dental office is most economical in the end and avoids crazing and chipping brought about by the careless moving of furniture and climatic influences.

Color Treatments for Low Ceilings

If the ceiling is 9 feet 6 inches high it should be finished in exactly the same color as the side walls provided they are of light colors such as oyster gray, lichen gray, old ivory, caen stone, creams, etc. If the walls are finished in dark colors, such as buffs, tans, greens and dark grays, then it would be best to finish the ceiling in a light cream or a very mild tint of the predominating color of the walls.

Particularly in inside rooms where the walls are finished in light colors and the ceiling in the same color it helps to promote lighting effects as well as to give a certain softness, all of which creates a restful atmosphere.

Cross Lights and how to Eliminate Them

Cross-lights are produced in an operating room having windows facing in two or more directions. These conflicting rays of light impair the dentist's vision and cause ocular irritation. A dentist's work is tedious, exacting and nerve-racking and therefore carries with it a certain amount of eye strain. Cross-lights very often interfere with exact matching of silicates, cements, procelain crowns, facings, vulcanite teeth, etc.

To correct the condition of cross-lights we would suggest the placing of a cambric shade on the upper half of the window. Such a shade, when partly drawn, will diffuse the harshness of light entering the window at an angle of 45 degrees.

Sanitary Treatment for Swinging Doors Between Operating Rooms

A touch of cleanliness and refinement can be added to swinging doors by mounting at approximately fifty inches from the floor a vitrolite or clear glass plate. These plates are fastened on the door with small brass or nickel rosettes. A twelve-inch length is usually correct and the width should not be less than four inches. These plates are easily cleaned and enhance the woodwork of such a door.

Tile Floors, Arguments For and Against

Even though a great many dentists are using tile floors in their operating rooms these floors are not as practical as one might believe.

It must be borne in mind that the feet support the body and that a tile or similar floor affects the entire physical mechanism. Tired, aching feet, weak arches and foot trouble, can be laid directly to this type of floor. There is no resiliency which is so essential to foot health. Some dentists try to eliminate the hardness of tile floors by placing at the operating side of the chair a small rug or rubber mat. These rugs or mats are hardly ever heavy enough to accomplish the purpose. There is but very little relief through this remedy, and, in addition, a small rug placed at the operating side of the chair gives the appearance of a makeshift.

Tile floors are, of course, indicated in the specialist's office, such as exodontists and major oral surgeons. There isn't any question but that a tile floor is kept clean very much easier in these branches of dentistry.

Linoleum, Where Indicated, its Advantages, Suitable Designs and Colors, and a Correct Method for Laying

It is only of late that we have considered linoleum desirable floor covering for operating rooms because now the design, as well as the color scheme of it, as it is being manufactured at present, is more in keeping with the exacting requirements of the modern operating room. Heretofore, linoleum patterns have been but cheap imitations of mosaic tile, parquet, etc.,

and the color selections of this material were very limited and usually of such combinations that their use was prohibited in operating rooms.

Linoleum manufacturers have recently realized that a demand for their material could be created with dentists, physicians, and hospitals provided they incorporated designs which would harmonize with the architectural make-up and environment of the average operating room.

The most suitable designs for dentists are those of square set patterns in the form of blocks separated from one another by narrow stripes of a different color than the blocks themselves. If the operating room is of the size of 8 x 10 or as large as 10 x 12 then the block should not be more than 5½ inches by 5½ inches square. If the room is 7 x 9 or 8 x 9 then a block of not less than 4 inches by 4 inches would be preferable. The block design should be so incorporated in the linoleum that they lie straight edge to edge and not point to point. The stripe separating the larger blocks is one-half inch wide, while the stripe separating the smaller blocks is one-quarter inch wide.

The color combination which is most desirable and which will harmonize with the color schemes usually used in operating rooms is gray and black, that is, the blocks are to be a light gray while the stripes between the blocks are to be a jet black. This gives a very distinctive appearance and creates the impression that it is an out-of-the-ordinary floor covering. There are various other combinations, such as dark gray blocks with a very light gray separating stripe and again, light gray block with a very dark gray separating stripe or one of jet black, etc., etc. There are many color combinations in the block design of linoleum but care should be exercised in selecting only such combinations as will promote the appearance of cleanliness and simplicity to the operating room. It stands to reason that heavy colors such as browns, tans, forest greens, etc., would not be appropriate.

Linoleum, if properly laid, provides the necessary resiliency. The best method for laying is to cement a layer of building felt to the floor. The linoleum is then to be cemented on to the felts. This method of laying the material has the distinct advantage of deadening sounds and noises. It also helps to increase the durability of the material. Linoleum laid as directed

will not bulge or crack and can be taken up without damage to the floor or to the material.

A neat border tends to improve any linoleum-covered floor and where a $5\frac{1}{2}$ inch block pattern is used a border of at least 6 inches would be indicated of the same color as the separating stripe. It is advisable to cement or attach the same color of border material to the baseboard to safeguard against the finish wearing off at that point when the floor is being cleaned. This also gives that part of the floor where the baseboard is visible a neat and finished appearance.

Carpets and Rugs for Reception Room, Business Office and Retiring Room, How to Lay Them

If such departments as the reception room, business office and retiring room are to be carpeted, the carpet for each room should not be of a different color. The same material, design and color should be used throughout.

The placing of a carpet on the floor tends to make a small room appear larger. As a suggestion, a taupe colored carpet with sand cast makes the room appear spacious and cheerful. Therefore, if this material is used throughout it will give a very pleasing floor effect, especially when the doors of these different departments are left open and a patient is given a view of it from the reception room. If each room were to be carpeted in a different material, pattern and color, the harmony of the entire suite would be destroyed and make the rooms appear small and crowded.

A rug is desirable in a reception room if the color and design will harmonize completely with the room itself and provided the floor in the room is of a high-grade quality of wood and kept properly polished. If a rug was chosen at random without keeping in mind the foregoing factors it would not only cheapen the general appearance of the reception room but would also make the room appear small and stuffy.

A selection of small rugs in a reception room would be desirable and would add a certain elegance provided they were real Oriental rugs. However, even with such rugs, the dentist has to contend with their being continually out of position. If the floor is highly polished, there is a certain amount of danger to a patient of slipping or tripping. Part of this danger could

be eliminated if the Oriental rugs were sufficiently large but as most reception rooms are small, the dentist would have to choose small rugs in order to put a selection of them in the room. If the price was not prohibitive to the dentist, Oriental rugs, if a selection is made up of mild colors and set, square patterns, could be used with pronounced decorative effect. Very often dentists make an attempt at Oriental rugs, by purchasing domestic rugs of Oriental design. Such rugs are poor imitations and only have a tendency to cheapen the room.

Wherever possible, we believe it best to carpet the reception room from baseboard to baseboard because it helps to widen the room and gives it spaciousness. When a floor is carpeted it allows the placing of two layers of double thickness of moth proof lining paper which produces that elegance of feeling to the step. If the floor happens to be of concrete it can be carpeted very much in the same way as the wooden floor. This is accomplished by securely fastening the carpet with pins and sockets on the floor at the baseboard. When a carpet is laid on a wood floor the ends of it should be placed underneath the quarter-round. This method does away with bulkiness at the baseboard and also eliminates places for dust and fuzz which are so much in evidence where carpets have not been extended underneath the quarter-round.

Push Buttons For Main Entrance Doors, and Where Indicated

We would suggest an electric push-button for those dentists located in exclusive buildings or residential sections and also for those dentists located in less exclusive buildings but who are catering to a very high standard of clientele.

The push-button should be of pearl, countersunk into the door casing at a height of about forty-five inches. The button itself should be of a size conspicuous enough to be seen.

Sneak-thieves thrive in office buildings and it is a frequent occurrence, especially during the winter months, for patients to have fur coats, umbrellas, etc., stolen from the dentist's reception room when his main entrance door is unlocked throughout the day. It is needless to say that the push button procedure of gaining entrance to the dentist's reception room eliminates for him this expensive hazard.

There is a certain psychology in connection with a locked reception room door, inasmuch that it conveys the idea to the patient that the office is exclusive and that the dentist does not cater to transient or haphazard patients.

Psychological Effect of a Sterilizing Room, and its Proper Location, Construction etc.

There is no room in the modern dental office which carries with it such impressiveness as a sterilizing room. It not only favorably impresses the patient with the fact that instruments are sterilized but it also automatically conveys the thought that the dentist is especially equipped to take care of his patients' needs. All of this immediately dispels the thought from the patient's mind as to whether or not the dentist really does sterilize his instruments.

In dental offices where sterilizing rooms are not in evidence, patients frequently ask the dentist how he sterilizes. This question is only asked with one thought, that being not *how* he sterilizes his instruments but whether or not he really *does*. In other words, the patient broaches the subject in a tactful way.

In dental offices where a sterilizing room is in evidence those questions are seldom if ever, asked by patients because the evidence is there.

The ideal location for it is in that part of the office where a patient will see it before entering into either operating room. In other words, it should be so located that when the patient steps into the operating department from the reception room, the sterilizing room will compel attention. If surrounded by plate glass and if equipped with white vitrolite or clear glass shelves with an assortment of glass jars, also an impressive sterilizer, it will convey in an instant, an impression of cleanliness and a mystery of research. For the better patients especially, to know before actually occupying the dental chair that everything for the mouth has been properly sterilized, creates in them a feeling of security and assurance that is not possible under other conditions. A sterilizing room in a prominent location in the operating department of the dentist's office becomes the best of silent salesmen.

Very often we hear dentists make the remark that the nurse

frequently slight sterilization or makes light of it and that she is careless and continually needs watching in this part of her duties. It is just as important for the dentist to give his nurse things to work with as it is for the dentist to provide himself with working essentials. The nurse is as interested in sterilization as is the dentist but if she is to accomplish this thoroughly and properly she must be given the equipment as well as environment. A sterilizing room acts as an incentive to the dental nurse to thoroughly and carefully wash, scrub and sterilize instruments and dressings.

The cost of a sterilizing room is nil as compared with the vast amount of efficiency it promotes for the dentist as well as advancing big impressions and publicity for him, to the patients.

In an office the ceiling line of which is 9 feet 6 inches above the floor, we would build the sill of the sterilizing room not higher than 24 inches from the floor.

The length of the plate glass would be approximately 54 inches.

We would extend the upper sill from the ceiling to a depth of 36 inches or sufficiently to meet the top of the plate glass.

By adding all the above dimensions, you will get a total of 9 feet 6 inches, which is the height of the room.

There are two ways of enclosing plate glass in the frame of a sterilizing room as follows:

A sterilizing room built in the shape of an octagon requires four pieces of plate glass. The top and bottom of the glass is set in wood trim in very much the same way as a window is set in its sash. Ordinarily it is found that the proper joining of the plate glass, one to the other, seems to be little understood. To have these four pieces joined together with wood strips between is proper from a construction viewpoint but improper from the viewpoint of architectural beauty. It is desirable to display as much of the plate glass as possible so that the view of the patient, when looking at the sterilizing room from a distance will not be obstructed by cumbersome wood casing.

Care should be taken to order the plate glass from the manufacturers, with mitered edges. If proper attention is given to this, the edges of the glass will be ground one to fit the other and the fit will be snug enough to prohibit steam from the sterilizer to escape through the joints of the plate glass.

The second procedure for a sterilizing room of octagon shape would be to have holes drilled in the plate glass at the mitered edges about six inches above the lower sill and the same distance below the upper sill. The glass is then fastened with very small nickel or brass rosettes, cushioned against the glass with a rubber collar or washer.

Regardless of the shape of a sterilizing room and provided more than one piece of plate glass is used, one of the foregoing procedures of fastening should be adopted.

Metal strips, clamps, corners or show case fasteners are not practical for fastening either the inside or outside of the plate glass fronts for the sterilizing room because they soon become tarnished unless constant attention is given them. Anything in the way of metal around a sterilizing room which is not continually kept polished will soon tarnish because of moisture at different times within the room. These metal parts, if allowed to tarnish, will naturally detract from the appearance of the room and might give the suggestion that the sterilizing room is not properly functioning.

The metal fittings mentioned are usually of an awkward design and if used will take away from the neat appearance of a properly built sterilizing room.

Lighting Effect for Sterilizing Room

The type of electrical fixtures for a sterilizing room would depend entirely upon the architecture and size of the room as well as the height of the ceiling.

The reflector type of fixture with tubular bulbs which are usually used in the better class of "Silent Salesmen Show Cases" are most practical. These fixtures if mounted about six inches above the upper plate glass line give a very pleasing lighting effect.

Frosted bulbs should always be used on the fixtures in the sterilizing room, as they give a subdued light and do not throw shadows which is the case with clear glass bulbs. The equipment should stand out in an impressive way, all of which is possible through proper installation of light fixtures.

In some sterilizing rooms we find an extended ceiling fixture either on a chain or rod. If this fixture is allowed to extend

down from the ceiling below the upper plate glass line so that it can be seen by the patient, the lighting effect as well as the fixture itself will take away from the appearance of the sterilizing room. For this reason it is important to select the type of fixture which will be most inconspicuous.

Where a ceiling of a sterilizing room has been built in dome fashion, and provided the dome extends far enough above the upper plate glass line, flush fixtures can be used to very good advantage.

Sterilizing Room Equipment

The equipment for a sterilizing room should consist of the following:

Plate glass or vitrolite shelves of 6 inches width and cut in length in proportion to the width of the wall space. These shelves are to be mounted on adjustable show case brackets.

An assortment of glass containers for such articles as cotton rolls, cotton pledges, wood applicators, wood tongue depressors, 6 inch cotton napkins, etc.

The conductive anaesthesia outfit as well as all material and equipment pertaining to it should be kept on one of the shelves.

High pressure steam sterilizer.

Water still.

Small aseptic stand for water still, providing space will permit.

Waste hamper.

Small lavatory.

Towel bar.

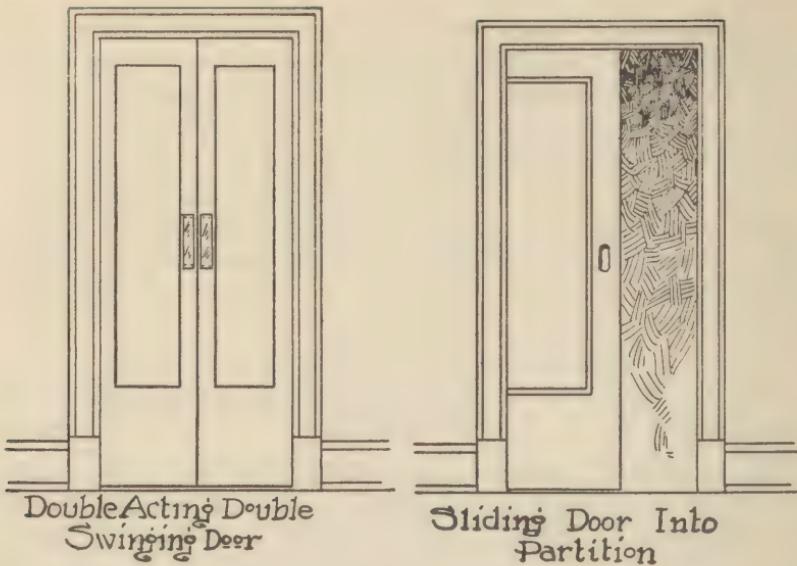
Automatic air compressor, in white pyralin finish with glass dome.

Bunsen burner controlled by Gas terminal valve.

If a high pressure steam sterilizer is used, thought should be given to the running of water supply and waste pipes to it.

Several electric base plugs should be installed in convenient locations.

The sterilizer should be on a separate circuit of No. 6, 8 or 10 gauge wire. The gauge of wire depends entirely upon the amount of current used by the sterilizer.



In some offices because of construction problems it is impossible to have regulation sized doors in entrance to sterilizing room. The accompanying illustrations will help to solve those problems.

An Ideal Inside Reception Room with Regard to Size, Color Scheme, Picture Subjects and Lighting Effects

The first impression a patient gets of the dental office is in the reception room. Therefore, this room must of necessity be given minute attention with regard to size, color scheme, lighting effect and furnishings. It should be so arranged that it will inspire confidence and enthuse the patient with the dentist before meeting him. This is best brought about by harmony of colors with simplicity prevailing.

The size of an ideal inside reception room in a one-man office is 10 x 12. A room this size will provide for the necessary accommodation of patients for the reason that if the dentist's practice is conducted along modern lines patients' visits are regulated by appointments.

Inasmuch as an inside room is entirely dependent upon artificial light, the color scheme must be given careful thought.

Avoid using dark and heavy colors or those which would give the room a stuffy atmosphere. Flat old ivory is the most desirable because the effect is both airy and cheerful which is so essential.

The dentist is an agent of good health and wherever there is good health there is also harmony. It is, therefore, essential that the pictures be suggestive of all this. Peaceful landscapes or group pictures of people with healthy happy faces and vigorous figures would be appropriate. We have all seen pictures in dental offices of wild animals housed in dens and also wild creatures in struggle. A patient who has a bouncing toothache cannot gaze long upon a picture of strife without feeling in a greater measure the toothache which she is experiencing.

Pictures of thunderstorms, chariot races, Roman arenas, athletes in struggle, war pictures, etc., have no place in any department of the dental office. They only suggest turmoil and strife and do not promote receptiveness. Suggestions of dentistry should not be in evidence in the reception room and therefore class pictures, State Board diplomas, college diplomas, signs and dental magazines should be removed.

The foregoing will also apply to children. These little patients are even more receptive to suggestions than grown-ups. A picture of strife will promote fear in the hearts of the little tots and make them hard to manage in the operating room.

Artificial lighting should be studied so as to determine whether ceiling or side lights would be appropriate. If side lights are to be used their height from the floor must be judged somewhat by the height of the ceiling. In any event the base of the side wall fixture must not be located lower than sixty inches from the floor and not higher than seventy-two inches, all of this depending upon the design of the fixture. Side lights must of necessity be shaded with a decorative silk or parchment shield, the color of which must be in harmony with the predominating color scheme of the room. The ceiling light must be of such a design that it will give a soft tone which will blend completely with the color scheme of the walls and ceiling. If an open wrought-iron fixture is to be used care must be taken that each bulb is provided with a silk shade so as to avoid ocular irritation. If a patient were to sit in a

harsh artificial light the completeness and beauty of the room would hardly be appreciated.

If a table lamp is used care must be taken that the shade of this lamp harmonizes with the general color scheme. In many dental offices floor lamps are used but they are usually out of proportion to the rest of the room. Therefore, large and clumsy-looking lamps should be avoided. These should be selected according to the size of the reception room. If it is small a junior lamp would be correct with a shade proportionately small. If the room is large then a large floor lamp would be proper with a shade of the proper size. A large shade on a floor lamp in a small reception room always looks out of place and makes the room appear crowded.

Reception Room Furniture, its Design and Finish

The community in which the office is located and the size of the reception room should be taken into consideration when selecting furniture. Large pieces in a small room are not desirable for the reason that they make the room appear too heavy. Furniture purchased in suites or sets of the same design and color is considered obsolete. Selection of various period designs consisting of an arm chair with a low back, a plain chair with a straight narrow medium high back, a small settee never to exceed sixty inches in length, and a console table of a design that will harmonize, produces a better effect than the usual three-piece set. A dentist in general practice displays thoughtfulness when he includes with his reception room furniture a child's chair. In certain localities mission furniture would not only be more serviceable but also quite appropriate and, in some instances, reed furniture would lend to the beauty of the room. The community has to be taken into consideration.

In selecting furniture it is well to purchase that of simple design on which very little carving appears. If all pieces of furniture are alike the effect is monotonous and there will be nothing further to enthuse over or admire during succeeding visits so, therefore, the same care in furniture selection should be exercised, viz; remember that conditions are relative and certain designs are indicated for the various offices.



In this reception room the decorations and furniture are of a simple character, but through the careful selection of colors there has been provided an air of warmth and cheerfulness.

The double French casement window opens into the business office and is a time-saving factor as well as a convenience for greeting patients in a prompt and courteous manner.

In a reception room where the floor may be subject to hard usage linoleum is sometimes indicated because of its durability and because it can be so easily cleaned.



The reception room shown above is entered through a small vestibule into which there is also a passage from the business office, thus permitting the dismissal of patients without re-entering the reception room.

Here is displayed a tasteful arrangement of console table, mirror and torchieres. Notice the effect achieved through the use of simple and inexpensive paneling.

Being an inside room, the color scheme is light old ivory with carpeting of gray taupe. The furnishings lend character and are of moderate design and cost.

Book and Magazine Subjects for the Reception Room

Book and magazine subjects in a measure, suggest the general character of the office and if these are not well chosen, detract from the individuality of the office.

Inasmuch as no two patients think exactly alike, it is also reasonable to believe that no two patients care for exactly the same books and magazines. Therefore, these should be selected with an idea of pleasing the average patient and a variety of subjects should be covered through such selection. The size of these publications will also enter for discussion because if the reception room is small, the table or console will also necessarily have to be small and large magazines would not look well on it.

Some people like to read poetry, others like to read about music and others again only care for books in which are displayed a goodly selection of illustrations, etc. Books containing lengthy stories should not be in evidence. The average patient does not care to start a long story and not be able to finish it—and if the dentist is working by appointment, a patient will have only a few moments to wait before being admitted to the operating department.

The *Literary Digest* is an excellent publication for the dentist's reception room where patients do not have to wait long before being admitted to the operating department. Books with a variety of picture subjects in them would also be especially desirable, but, again, these picture subjects must not be suggestive of strife and unpleasantness. The music magazine known as *Etude* is exceptionally fine for the dentist's reception room, as well as the *Mentor*, which is of small size and always has something of interest to offer the reader in a short, concise way.

If the dentist frequently has children patients, he must be thoughtful of them, too, with regard to book subjects. He should choose several books which are particularly appealing to them so that when a child has to wait for any length of time, he can become interested in a book that he can understand. A child who is allowed to wait in the reception room for the dentist for perhaps some little time, with nothing to do, is apt to think up all the horrible things he has ever heard

about a dentist. The child, as well as the adult, must come to the operating room in a receptive mood for the reason that the average child is particularly hard to manage in the operating chair. The way for the child's receptiveness can be laid in the reception room through the medium of proper literature.

Where to Keep Periodicals when Reception Room is Shared by a Physician

It is not good policy for the dentist to keep periodicals in the reception room for the reason that sensitive patients have an aversion to turning over the pages of periodicals if they have any suspicion whatever that extremely careless people have thumbed these books before them.

Observation has brought home to us the fact that when a patient sees a magazine being laid down by another patient, who appears in poor health, this patient will avoid coming in contact with the book.

It is not unusual to see patients who have bandages on their hands waiting for dentists. A sensitive patient frequently interprets this as an evidence of rank disease and will be backward about picking up the books laid down by such a patient.

This is particularly applicable to offices in which the dentist shares a reception room with a physician.

A dentist who is interested in keeping his reception room looking neat should keep his periodicals in the business office. A table that is cluttered up with magazines and newspapers detracts from the appearance of the reception room. If the dentist is working strictly by appointment and his patients are on time, they will really have no opportunity to read. Therefore, periodicals should be kept only for those patients who are kept waiting.

The nurse usually knows just how long the patient will have to wait before being admitted to the operating department and when she steps into the reception room to inform the patient of the number of minutes she will have to wait it might be well to take with her a magazine. It would be a matter of personal service to ask the patient if she has seen this particular magazine for the current month and when the patient answers in the negative the nurse should then present

the magazine to her. When the patient is finally admitted to the operating department the nurse will then remove the magazine from the reception room and return it to the business office.

Magazines should be placed in flexible binders, viz., that of Spanish brown leather and on which should appear the dentist's monogram together with the name of the periodical on the lower edge. Binders tend to preserve magazines and also add to the dentist's individuality.

Floor Lamps for Reception Room. Their Selection with Regard to Size, Type and Material of Shade, and Lighting Effects

In a small reception room we would suggest a Junior floor lamp for the reason that if a full-sized floor lamp were used it would be out of proportion to the room.

A small shade would be our choice because it would look better on a Junior lamp and would allow the lamp to be placed in an out of the way corner. On the other hand, if a large shade was used on a Junior lamp it would make it appear squatly and because of the circumference of the shade the lamp could not be placed as closely to the wall or corner.

This type of lamp should give a soft, subdued illumination because a floor lamp was never intended to completely lighten a room. Its function is principally decorative. With this in mind we use round, frosted bulbs of about 25-watt capacity. Aside from a soft illumination a small, frosted bulb is further desirable for the reason that there is less danger of its scorching a silk shade. A great many expensive silk shades have been ruined due to carelessness in selecting too powerful a light bulb; we therefore recommend the use of not over 25-watt capacity.

We would choose a silk shade for this lamp in a combination of colors to harmonize with the predominating color of the room. We would prefer a silk one for the reason that it gives a very soft lighting effect and a blending of colors which is not possible with shades of other materials. Very often dentists make the mistake of selecting parchment shades. These shades, no matter how they are decorated, give a harsh, cold effect as well as being void of all gracefulness.

Book-ends and Statuary

Book ends and statuary have their place in the reception room. Book ends, if properly selected, can be used for other purposes than supporting books. A console table in the reception room is usually bare, particularly in the absence of books and magazine subjects. A decorative book end will be most appropriate to break this monotony.

Vases and Pottery

A piece of pottery or a vase displayed in the reception room looks incomplete unless certain kinds of artificial or fresh flowers are placed in them. If artificial flowers are desired the best should be purchased as they should resemble real flowers as nearly as possible. Some people object to artificial flowers because dust readily adheres to them. This can be removed by dipping in gasoline from time to time, which not only removes the dust but also restores the flowers to original freshness.

Regardless of whether artificial or fresh flowers are displayed care must be taken not to overstuff the vase. One or two flowers in each piece and of a stem length to harmonize with the vase will be sufficient.

Where natural flowers are used they should be purchased fresh each day and only those which are in season. When purchasing fresh flowers, quantity should not be the prime object. Artistic effect as well as a touch of color and quaintness can be acquired with but a few blossoms and at a small cost.

Sweet peas, pansies, violets, daisies, golden rod, cosmos, black eyed susans, and marigolds, or a selection of ordinary buds and greens are most appropriate.

French Doors for Reception and Operating Rooms; Their Design and Treatment

French doors with prism glass panels, architecturally known as casement doors, are desirable in the reception room as an opening into the department adjacent to it. These doors should be made to swing into the reception room because it is more convenient for the dentist or the nurse to open them when admitting a patient.

French doors are preferable for the reason that they give a certain widening effect which is essential from an architectural viewpoint as well as one of harmony.

These doors should be treated with a curtain because it takes away a certain bareness which usually exists where prism glass panels are in evidence even though the panels are small. If curtains were not used with prism glass doors the shadows of the dentist and his nurse passing back and forth on the other side might prove annoying to a patient who had been waiting in the reception room for some little time. This treatment will give added privacy, even though prism glass is not fully transparent.

French doors should be treated with casement cloth, or a similar material. If the prism glass panels are eight by twelve inches, the curtains should be fastened on the dividing rail at the bottom of the upper panels. This will preserve the architectural effect of the doors. When hanging the curtain in this fashion and provided the glass is prism or Florentine, fasten the lower end of the curtain with only one hook and brass ring on each side to hold it in place. Enough fullness should be allowed at the top for Shirring to enable it to hang in graceful folds. The bottom of it should be scalloped. We would not suggest fastening it at the bottom with a rod for the reason that when the door is only partly covered a curtain shirred at the top and bottom on a rod is apt to give the effect that the dentist ran out of curtain material and for this reason treated it in this fashion. When the curtain is hung with complete fullness, scalloped at the bottom as suggested and loosely caught at either end, it does entirely away with the skimping effect. The treatment, as outlined for French doors with panels of the size as specified, is the very latest creation for door decoration.

If the French door contains very small glass panels we would then suggest that the curtain be fastened at top and bottom and drawn tightly on rods, allowing a liberal shirring. For such treatment a two-inch heading on top and bottom will give a neat and finished appearance.

With both styles of treatments, as outlined, a full fifty-inch width is to be used on each door. This will permit the necessary fullness which is so essential to give the desired effect.

Communicating Windows, Their Function, Location, Construction and Treatment

French or casement windows opening from reception room into the business office are a great aid to the dentist and the nurse in getting away from lengthy conversations with patients and saving many unnecessary steps.

When the buzzer announces that someone has come in, the nurse will take note of the time on the appointment barometer and she can generally tell before opening the communicating windows whether it is a patient with whom the doctor has an immediate appointment. If so she will ascertain how long it will be before the doctor can admit this patient and when she has this information will then open the communicating windows, greet the patient and state just how long it will be before being admitted to the operating department. This in itself suggests efficiency.

If the nurse's barometer indicates that the dentist has no appointment then before opening the communicating windows she will be prepared with the usual questions when greeting such a person.

It is certain that these windows will save the dental nurse the necessity of having to step out into the reception room each time the buzzer signals, which means the saving of money, and hours of time during the year. When the dentist or nurse step into the reception room they automatically invite conversation which means time taken from operative work. With the communicating window procedure they can shut off unnecessary conversation without running the risk of offending the patient.

Casement windows opening from reception room into the business office should be panelled either in wood, prism or Florentine glass or mirrors.

If panelled in wood, the panel should be artistically painted. Another excellent way of decorating window panels is to place in the panel space a zinc etching or water color picture, placing over it a picture glass of proper size. This will give a very artistic decorative effect.

The most inexpensive method would be to panel with either prism or Florentine glass. In order to take away the bareness and cold effect these glass panels should be treated

with curtain and drapery material shirred on rods, top and bottom.

The method of panelling which will be most effective is to use small mirrors of the size, 5 inches by 8 inches and leaded together. The lead strips are to be bronzed. The size of the mirrors will, of course, be determined by the height and width of the casements. The mirrored casements help to give depth to a small reception room.

It seems natural for a patient when entering a reception room to try and become seated opposite a mirror. When mirrored panels are used on the communicating windows the nurse usually finds the patient seated facing her when the greeting is given.

It is not always necessary to panel casement communicating windows on both sides. However, should the adjoining room be small the mirrored effect on that side would help to give it proper proportion.

When prism or Florentine glass is used the panels would naturally be the same on both sides.

Casement communicating windows should swing inward from the reception room.

If the windows were hung to swing the other way, *i.e.*, into the reception room, a patient sitting in close proximity to them might be struck; or a small table with a lamp placed on it, could be easily knocked over, should they accidentally swing out too far.

In some offices, due to construction problems, it is not advisable to hinge these windows. In such instances it would be more practical to have a single window to slide into the partition.

Are Rocking Chairs for Reception Rooms Desirable?

A rocking chair is undesirable for the reason that it occupies too much space in the average reception room. A rocking chair must have plenty of space around it to allow for the rocking motion. If sufficient space is not available the walls will soon become marred not only from the top of the chair rail but also from the ends of the rockers themselves.

A person rocking tends to make other people in the same room nervous and this is particularly true in the dentist's

reception room. A patient with a nervous and fidgety mental condition is not receptive to the dentist's attention. Hence, everything should be eliminated from the reception room which might promote a nervous condition.

Picture Subjects for the Retiring Room

The objects in the retiring room or dressing room of the dental office are usually more closely scrutinized after an operation than before. Previous to the operation the patient enters it a few moments before the appointment, removes her wraps and then immediately leaves it for the operating department. After the operation, provided the patient has not become ill, there is usually a fixing of the hair, a brushing of clothes, adjustment of hat, wraps, etc. and during this time she has an opportunity to view more closely the objects placed there for her benefit as well as for decoration.

When a patient returns to the retiring room in an exhausted condition, quite some time is spent there before she has recovered fully enough to leave the office and frequently such a patient has to lie down in order to effect recovery. Colors of walls as well as picture subjects have an influence upon people, particularly those in an exhausted condition and especially when resting on a recovery couch. With a patient in this condition with nothing to do but to think of herself physically and to look at the walls, pictures which do not suggest cheerfulness and harmony have not only a depressing effect but also because of mental depression, have a tendency to prolong recovery. Investigations have proved that patients who have become ill in the dental office and who have had to rest for some little time in the retiring room where suggestive strife picture subjects were displayed, have been so impressed with such picture subjects that they never think of the dentist's office and their experience in it without these pictures immediately coming back to their memories.

Such picture subjects as war scenes, athletes in struggle, thunderstorms, Pharaoh's horses, wild animals, hunting scenes, rushing water or waterfalls, etc. have no place in the retiring room, or, for that matter, in any department of the dental office.

Since the retiring room is to be a suggestion of health and harmony in as great a measure as other departments of the

office, it would be correct to choose subjects of quiet landscapes, flower gardens or a group of healthy, happy children at play. Children subjects are particularly good because everyone likes to gaze upon an innocent, happy, healthy child. Such pictures, when gazed upon by a patient who is recovering from an operation in the retiring room, will often be stimulating. The coloring in the pictures should be soft and subdued with proper blending. Etchings, while often quite appropriate in the reception room, should be avoided in the retiring room because of their sharpness and extreme contrast.

Toilet Articles for the Retiring Room and Their Proper Care

The following will aid materially in furnishing a well appointed room:

A ladies' hat brush with a white ivory or tortoise shell handle. If this brush is of proper design it can be used as a light clothes brush. The bristles or hair of this brush should be white. An ivory or tortoise shell hand mirror; an ivory or tortoise shell box containing an assortment of hairpins. A small cut glass dish of oblong shape containing an assortment of pins. We prefer the cut glass dish to one of ivory or tortoise shell because it makes a more presentable appearance for the purpose for which it is intended. A small squat, cut-glass jar with a large opening containing face powder. This jar must be accompanied by a glass cover. We prefer the glass jar for face powder for the reason that the powder will be immediately discernible to the patient, while if one of ivory or tortoise shell were used the patient would first have to remove the cover to determine its contents. In fact the glass jar would be a silent invitation for the patient to make use of the powder therein. A large cut glass bowl or jar with a large opening, containing individual powder puffs made of Johnson & Johnson large size cotton rolls. This jar must also be provided with a cover. We suggest the glass jar for the reason that the patient will see its contents and will be silently invited to use one of these individual powder puffs.

On the wall next to the dressing table should be hung an artistically shaped small decorative waste receptacle to receive the hand-made powder puffs which have been used.

A cut-glass bottle containing a solution of smelling salts of a pleasing color and one to harmonize with the remainder of the room. The dressing table should be covered with a plate glass top under which should be laid a doily of a size and shape that will harmonize with the architectural design of the dressing table top—in other words, if the dressing table has a narrow top, the doily should be of an oblong shape. On the other hand, if the dressing table has a wide top the doily should be of an oval shape.

The doctor's monogram is indicated on the various toilet conveniences in a color to harmonize with the predominating scheme.

A patient is always more or less skeptical about a comb and brush. Therefore, these must be presented in such a way that the patient will feel and know that they have been thoroughly cleansed since the last patient used them. For this reason we suggest that a comb should not be placed in the retiring room at all, and especially so if a dentist has a sterilizing room. Immediately after a patient leaves the retiring room, the nurse should get the comb and brush and after a thorough cleansing should place them in onionskin envelopes which are labeled or printed "Sterilized." These envelopes should then be sealed and placed upon the shelf in the sterilizing room.

When the patient has left the operating room for the retiring room, the nurse should then get the comb and brush which are sealed and present them to the patient with the remark "This is your comb and brush for today." The patient will then have to tear the envelopes open and during this procedure will know that they have been cleaned. No remark will have to be made that these articles have been given proper attention because that will be in evidence. There is nothing that pleases a patient quite so much as such individual attention. It is this personal consideration that helps to promote publicity for the dentist.

Care should be taken that the glass covers for the jars containing face powder and individual powder puffs are always placed upon the jars. No patient cares to use face powder that has been exposed to the air and dust. This will also apply to the powder puffs. Therefore, these glass containers should be kept scrupulously clean as well as properly filled at all times. A patient often places the dentist's powder puff in

her purse or bag after she has used it because it is unique and distinctive. After leaving the dentist's office she perhaps has occasion to use this powder puff in the presence of her friends who cannot help remarking upon its oddity. She perhaps will state that her dentist supplies these individual powder puffs, in the retiring room for his patients, and in this way she innocently gives him free advertising and publicity.

The glass tray containing a selection of pins must also be kept in order as well as the container for hairpins. There is nothing that looks quite so untidy as to see a selection of hairpins scattered helter-skelter about the top of a dressing table. Therefore, the container for hairpins should be divided into three compartments, one for small pins, another for medium and another for large.

Dressing Tables and Chairs for the Small Retiring Room

If the retiring room is too small to permit a regulation dressing table, we would suggest a small console table. Consoles come as narrow as six inches and in any length desired. The toilet articles should be arranged on the top of the console table the same as on a regulation dressing table.

Since it is desirable to have a dresser-sized mirror in the retiring room, we would suggest a separate mirror framed to harmonize with the other furnishings and hung over the console table. This type of furniture can be installed in the smallest of dressing rooms.

We would suggest a small-sized chair with a low back to go with the dressing table provided the room is of sufficient size. However, inasmuch as most retiring rooms are very small, a chair will take up more room than the space will permit. In such a room our choice would be a bench with a cane top. When this bench is not in use it can be pushed underneath the dressing table and out of the way.

If the room is of such size that a console table were used instead of a regulation dressing table we would then suggest a square stool with cane top. This stool is to be the same height as a bench. The dimensions of the top of such a stool are 15 inches by 15 inches. A console table, because of its shallow depth, will not permit a stool, bench or chair to be

pushed under it. Therefore, in suggesting a stool, we have in mind that it will take up the least amount of room when not in use by placing it in a corner of the room. This would not be possible with a chair or bench.

Equipment Finishes for the Dentist of a Nervous Temperament

If a dentist is continually working under high tension, mahogany finished equipment would be most desirable for him for the reason that mahogany in itself suggests quietness and would help to tone down the dentist. Oftentimes a nervous condition in the dentist can be traced to operating room cross lights playing on the improper wall treatment and this effect is intensified in the light finishes of equipment used.

If you are of a nervous temperament it might be well to experiment on yourself by remaining in a room in which all of the furniture is of very light finish. You will note that you cannot concentrate and are alert to all movements and noises within and without this room. In one furnished in mahogany you will note that you can concentrate and that you are not as conscious of the movements of other people who are in the room. A person with a normal set of nerves would not be susceptible to this experiment.

Equipment in the light finishes should not be used by dentists who are afflicted with *nerves*.

Equipment Finishes for the Dentist who is Deliberate and Always Good Natured

If such a dentist is neat about his person and about his office, then a Pyralin white, Pyralin ivory or Pyralin gray equipment would be correct, provided the man is not too big in stature and that his operating room is not too small. In other words, light special finished equipment will make a tall, heavy set operator appear even larger in a small operating room.

However, we will assume that the operator's physical build is somewhat in proportion to the operating room and that he is rather slow and deliberate. Light finished equipment will have a tendency to give him a certain snap and will set him

off in such a way that his slowness and deliberateness will not be so apparent as when mahogany or black enamels are used.

Equipment Finishes for the Dentist of a Small Physical Build

A man of small stature and one who would not be termed impressive will always look better in a cut-to-form, tailored suit of clothes. A suit built along conservative lines will never set such a man off. This is also true of dental equipment.

A dentist who is small and not impressive, will appear to better advantage when working in an operating room containing equipment finished in Pyralin white, Pyralin ivory or Pyralin gray.

Advantages of an X-Ray Room

We would suggest an x-ray room for the dentist provided sufficient floor space is available. Such space, through the medium of the x-ray, can be made highly productive from the viewpoint of earning power.

If an x-ray was to be installed in a separate room the minimum floor space required would be 5 x 5 feet.

A separate x-ray room is advantageous because radiography can be successfully accomplished without interfering with operative work. As a rule, the first appointment with a patient is taken up with health talks and general diagnosis. The question of radiographing the teeth is also brought up during the first appointment and if the case is one of a complicated nature positive diagnosis cannot be given until after the case has been radiographed.

If radiographs are to be taken during the first appointment the nurse, will conduct the patient to the x-ray room and radiograph those teeth which are charted by the dentist. During this procedure, the dentist can immediately begin or continue operative work on another patient. It is needless to say that if the dentist was burdened with the actual taking of radiographs and his x-ray unit was in his operating room, he could not care for as many patients in a day as he could if he had a separate x-ray room or second operating room in which the x-ray machine was installed.

Certain dentists, might object to having the nurse do the radiographing. In that event, by having a separate room, the dentist could continue to save time by taking the radiographs himself while his nurse was positioning another patient in the chair, as well as getting the instruments, etc., in readiness for the dentist, so that he would lose no time in getting started when he returned to the operating room. The nurse would then return to the x-ray room for the purpose of making another appointment with the patient.

When the patient returns for the second appointment, at which time the final diagnosis is given, she should be taken to the x-ray room rather than to the operating room because the dentist can there best explain his diagnosis, especially if he has a display of radiographs. These displays are very impressive to patients and can be made interesting to them if radiographs of cases similar to that of the patient are shown, giving conditions before and after treatment. There is considerable psychology in this method of managing patients which would not be so effective if attempted in the operating room because of insufficient film display space, etc.

Another point in favor of an x-ray room is that all radiographic check-up work can be accomplished by the nurse without interrupting the dentist in the operating room.

The nurse will be given an incentive for greater effort if allowed to do all the radiographic work because she will then look upon the x-ray room and its equipment as her own, for which she is to be personally responsible.

The Transilluminating Room

The real purpose of the transilluminating room, aside from being of aid towards complete diagnosis is to enthuse patients with what it is possible to obtain in dentistry. There are certain branches of dentistry in which it is hard to convince patients that specified conditions actually exist, and that they should be eliminated through a series of treatments. In the absence of a transilluminating room, a small percentage of patients will at first enthuse over what the dentist proposes to do for them but this enthusiasm is short-lived because it is not always possible for them to see or even to feel the gradual change for the better which is being effected through certain treatments. With the diminishing of their enthusiasm most

of them fail to return for a continuance of the treatments, with the result that through lack of understanding the dentist loses patients. All of this has resulted in some discouragement to the dentist and it can truthfully be said that because of this many of them have not considered certain branches worth while, preferring to leave them to the specialist.

People are more apt to believe what they see than what they hear, and because "doubting Thomases" go to dentists every day for dentistry which they attempt to dictate to the dentist, he should not be content to do only such work as patients desire. Through the medium of a transilluminating room he can convince people of what they should have, because it is possible for them to see with their own eyes the true conditions as they exist, which is not possible in those offices where transillumination is not resorted to.

Most dentists have a certain percentage of patients who still believe that \$8.00 for a gold crown or \$5.00 a tooth for bridge work or \$30.00 for a pair of dentures should be an established fee. Anything over this amount, regardless of the nature of the work, is looked upon by them as being preposterous. As a rule these same people will not hesitate to spend anywhere from \$500 to \$1000 for a fur coat. Such patients as described will pay these goodly sums for furs and other things only because they can see before them what they are going to buy, and in addition can visualize the wearing of such apparel. By the same process a transilluminating room will convert such people to better dentistry because through it, together with the proper health talk from the dentist, these patients can be made to actually see the unhealthy conditions of their mouths, as well as being enabled to visualize the work from the start and its progress.

A transilluminating room is adaptable to all branches of dentistry where it is necessary to give patients detailed instruction, which if carried out by them will insure a successful conclusion of the work. Aside from a general practice the transilluminating room is invaluable to such branches of dentistry as listed below:

Prophylaxis

Pyorrhea

Orthodontia

Pediadontia

Its Proper Location and Equipment

The ideal location for a transilluminating room is anywhere in the dental office easily accessible to the patient, nurse and dentist from the operating room. It should never be placed in such departments as the business office, reception room or retiring room.

It should be large enough to accommodate three people at one time—namely, the patient, nurse and the dentist. A space of 4 feet, 6 inches square, or not less than 4 feet square, inside measure, will be found adequate.

The equipment to be placed in the room should be as follows:

Mirrors on two sides, meeting in corner of room.

They should be unframed and studded to the wall.

Narrow console table or shelf directly underneath one of the mirrors.

An aseptic flat jar with cover containing extra diagnostic bulbs.

Bottle with stopper containing disclosing solution.

Switch handle and cord attached to the Unit from which connection is to be made by separate wire to Unit in the operating room. By this arrangement the electric current can be automatically turned into the switch handle by merely removing it from the clip.

Electric wall fan mounted 72 inches from floor.

Ceiling light operating either from push button or pull chain.

A ventilator grill should be mounted in the wall 6 inches below the ceiling line.

Because all natural light is excluded from the room, making it similar to a dark room, the same color scheme predominating in the operating department should also be carried out in the transilluminating room. While it is true that the room must be dark during transillumination, it is not necessary to go to extremes by using a jet black color scheme for the walls and ceiling. The exclusion of natural light in itself is sufficient for transillumination regardless of the color scheme.

The Business Office

It is just as important to impress patients with business principles in this department of the dental office as it is to impress them with operative skill in the operating room.

A properly furnished business office narrows down the final interview between the dentist and patient to one of a strictly business nature.

Picture Subjects

The proper picture subjects for the business department of the dental office should be those of modern or ancient architecture. Such subjects embrace strong and lasting principles and as business should be one of strict purposes these subjects would be most appropriate for the dentist's office. Photographs of dentists of national reputation as well as pictures of dental dispensaries, such as that of the Eastman Dental Dispensary are appropriate. A picture suitable for a reception room would not be proper in the business office, neither would a retiring room picture subject be correct.

Furniture and Fixtures

Furniture for the business office should consist of the following articles:

Small flat top or roll top desk, supplied with plate glass top.

Revolving desk chair, providing there is sufficient space; if not, then a small straight back Windsor chair would be more practical.

A semi-stuffed chair of a low design or a decorative Windsor armchair for the patient.

A small flat top desk or table with glass top, for the nurse.

A small straight back chair for the nurse, providing there is sufficient space, if not, then a small bench would be more practical as it can be moved under the desk or table when not in use.

Small size typewriter.

Costumer.

Two waste baskets, one for the dentist and one for the nurse.

Sectional cabinet letter file.

X-Ray film filing cabinet.

Small size safe.
Desk lights.
8 inch oscillating wall fan.

Depending somewhat on the general furnishings of the suite, the furniture for the business department should be a fine grain dull waxed white oak, brown mahogany or dull waxed walnut. A combination of finishes, such as walnut and mahogany, is satisfactory. High polish golden oak should never be selected.

The chair for the patient should be at least 6 inches lower than the chair of the dentist. A chair of this height insures comfort for those patients who are short-limbed, especially ladies. The narrow, straight-backed chair with a small and high seating surface, which is used in so many business offices of dentists, is most uncomfortable, especially during lengthy interviews with those patients for whom study models have been made. It is as important to make a patient comfortable in the business office when discussing fees, methods of payment, etc., as it is in the other departments.

If a business office is small we would suggest the type of chair for the nurse which could be pushed under the desk when not in use. For the small office a desk bench is very practical. Junior Windsor chairs with low backs are also very desirable as well as the low back regulation dressing table chair.

Enclosed Radiators and Their Construction

By "Enclosed radiator" is meant a cabinet built in the form of a window seat or utility cabinet and placed over the radiator.

A radiator when not covered in this fashion is not pleasant to look upon, particularly when it is located directly in front of the dental chair. A great many dentists are content to bronze a radiator once a year but the newness of the bronze is short-lived and the finish soon deteriorates. A radiator cover of proper design will forever eliminate the unsightliness of the radiator and will give a finished touch to the room.

A radiator which is not covered in this fashion will cause the wall about it to become streaked and furthermore the radiation of heat starts a circulation of dust in the air which

is something to be avoided in any department of a dental office.

The construction of a radiator cover depends entirely upon its location and the department in which it is to be placed.

For such departments as the reception room, retiring room, or business office, where the radiators are usually of a low type, the cover should be constructed in such a manner that it can be used as a seat. The top should be covered with a pad in a color harmonizing with the balance of the room. Should the radiator be of a high type, then the top of the cover should be overspread with a piece of verdi marble upon which could be placed articles tending to give it a decorative effect.

A radiator cover is not a stock article and usually must be made to order by a cabinet maker or by one who specializes in them. They should be made of a fine grade of wood and the inside lined with asbestos. The front and sides of the cover should consist of cane panels or metal grill work. The shape, style and design of these panels depend upon the size of the radiator and the general style of the cover. On the ends of the radiator cover small hinged doors should be placed so as to conveniently permit the heat to be turned on or off, or to drain the radiator, without having to remove the entire cover.

In the operating room different conditions prevail than in the other departments. Every foot of space in the operating room should be made productive. Instead of constructing a radiator cover to be used as a window seat, it should be designed with an idea of utilizing it as an auxiliary sterilizing cabinet. The average height of a radiator in an operating room is 25 inches. As a rule the space between the floor and window sill is 36 inches. If a radiator cover is used on this type of radiator, having the cover stop at the 25 inch height and providing the radiator is located in front of the chair, there is a waste of space of at least 10 to 12 inches. This space can be made productive by building the radiator cover to the height of the window sill. The space between the sill and the top of the radiator can be converted into compartments with glass doors. The inside of these compartments should be white enameled. In such a case illumination is made possible by using small electric light bulbs at the inside top of

the cover or at any place within the compartment out of the direct view of the patient. Trays of instruments after sterilization can be placed in this compartment providing a good sterilizing medium, such as formaldehyde, etc., is placed within the inclosure.

The appearance of this type of radiator cover can be enhanced by placing on the top of it a heavy vitralite glass. This can be used for the placing of a conductive anaesthesia outfit during an operation, also glass jars containing sterilized gauze, cotton rolls, napkins, etc. If such a radiator cover is properly constructed the radiator itself will be completely camouflaged and the general appearance will suggest a scientific cabinet for sterilization.

Care must be taken when constructing radiator covers that plenty of radiation is allowed for the heat from the radiator. Construction with no thought to heat radiation results in the sacrificing of at least 50 per cent of it. Therefore thought must be given to sufficient panelling either of metal or cane grill.

SECTION XIV

Stationery Suggestions



Letterheads

LETTERHEADS are the sheets on which dentists transact, through correspondence, a part of their business. A slovenly letterhead oftentimes has much to do with the failure of written business transactions and it has been our experience that a little money well spent on a letterhead of dignified character is an exceptionally good investment.

The letterhead may be a single or folded sheet, depending upon your taste. It should be of a size that requires but one fold to fit the envelope. Our suggestion for size would be $5\frac{1}{4}$ by $7\frac{1}{2}$ inches. This size is convenient to handle and large enough to meet all correspondence requirements.

The quality of papers suggested are, Crane's Linen, Parson's Linen or Vellum finished stocks and we might say here that the same paper stock should be specified for both the envelope and letterhead.

Engraving or printing should be of a plain face and of the same style as used on the envelopes. The wording as shown in the reproduction is considered the most practical as it contains no superfluous phrases or titles and has an attractive appearance.

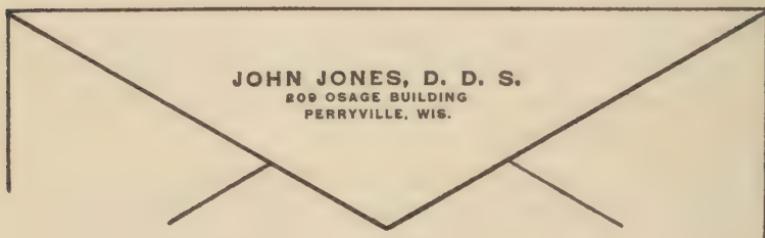
JOHN SMITH
DENTIST
309-311 RELIANCE BUILDING
JACKSONVILLE, N. Y.

Envelopes

Standard size envelopes of the baronial style and of good quality are the best for a dentist's general correspondence. An envelope of $4\frac{1}{2}$ by $5\frac{1}{2}$ inches is very convenient and enables the mailing of all courtesy cards, letters, statements, etc. in it.

A good quality of paper, preferably Crane's Linen, Parson's Linen or Vellum finished stock is suggested.

The engraving or printing, whichever may be the case, should be of plain face and of the same style as used on the letterhead. wording should be confined to the dentist's name, street address, city and state, and should be placed on the flap of the envelope as shown in the reproduction. Supplementary phrases such as, "Return in five days," "Dental Practitioner," etc. are superfluous and should be omitted.



Monthly Statements

Statement forms should be of the same size as that for correspondence and the same quality of paper should be used so that the envelopes will answer for both forms. The statements may be engraved or printed on a single sheet which will fold once across the center to fit the envelope.

The following illustration is our suggestion for a statement. It does not suggest anything to be itemized. It does, however, suggest in a professional way that the dentist expects payments promptly each month regardless of whether or not the case is completed. If he talks along these lines to the patient

at the time that he first contracts for the case, the wording on the statement when received by the patient each month will then be a gentle reminder of the conditions under which the dentist accepted the case from a financial viewpoint.

STATEMENT	
M_____	
TO JOHN JENKINS, D. D. S., DR.	
ROCHESTER, N. Y.	
PHONE: GEN. 206 W	167 HOBART ST.
BILLS PAYABLE MONTHLY AS WORK PROGRESSES WHETHER ENTIRE CASE IS COMPLETED OR NOT. ITEMS OF THIS ACCOUNT MAY BE EXAMINED AT THE OFFICE AT ANY TIME.	

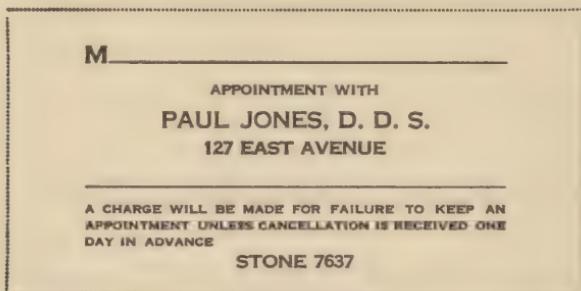
Appointment Cards

Opinions vary as to the proper size for an appointment card. We have determined through observation that there is one size more practical than all others, this size being 3 x 1½ inches. Our reasons for this are that when given to ladies it is not too large for the small vanity case often carried and neither is it too large for the vest pocket or the average size card case carried by men.

In addition, this size appointment card is small enough so that it will fit in the spectacle case of a forgetful patient. The nurse can suggest in a gracious way when handing this size appointment card to patients who carry a spectacle case that it be placed in it to act as a reminder of the engagement with the dentist each time the case is opened. If the card is of

a size which cannot be conveniently carried by the patient, its purpose is defeated.

For the style and wording, we suggest the following as it does not contain any superfluous wording nor is it necessary to do a great deal of writing to fill it out.



The appointment card as suggested above should be printed on single ply Vellum card stock and in black ink.

Note

For Announcements, Courtesy Cards, Courtesy Letters and Professional Cards see Section III. For Periodical Examination Cards see Section V.

SECTION XV

Dentist's Valuation of Time and Items to be
Considered when Figuring Overhead

IT has been but a few years since a young dentist starting out in practice determined his fees through those asked by other dentists in the community in which he located. His first step in the right direction was to call on all the neighboring dentists and ascertain their fees for various classes of work. In those days dentists did not take their overhead expenses into account. They were selling materials to their patients instead of time and skill. In other words, they were selling the finished product, putting it on a commodity basis, even though this so-called finished product was only a means to an end.

Today the young dentist, as well as those already established, have a definite basis upon which to fix their fees. They take into account what it costs them to conduct their office, and then add to this cost an amount which will insure them a reasonable remuneration for a man of scientific learning. What the remuneration over and above expenses should be must be determined by the value he attaches to his services and the demand by the laity for his services. This phase of the question has been more thoroughly covered in the chapter on "Law of Supply and Demand and Factors Affecting Demand." It will be readily understood that the young dentist just starting out must be content with a much smaller remuneration than those dentists who have been established for some time, and for whose services there is considerable demand. Since the first step in the right direction is to determine overhead cost, we are listing as follows all items which must be taken into account:

Auditor's fees.

Convention expense such as railroad fare, hotel, etc.

Curtain material that is replaced at least yearly such as curtains, draw curtains, transom coverings, door curtains, etc.

Dental magazines and other periodicals for reception room.

Dental society dues: City, State and National.

Dentist's uniform such as coat, trousers, gown, white shoes, etc.

Depreciation on entire office.

Dry cleaning service such as carpet, rugs, portieres, over-

drapes, side drapes, valances, table covers, furniture pads, reception room furniture upholstering, etc.

Expense in connection with post-graduate courses.

Fees and commissions to collection agency, legal advice and credit association.

Gas.

Insurance: Fire and Liability.

Interest on notes for equipment.

Laundry service, such as towels, napkins, sash curtains, dentist's and secretary's uniforms, doilies, patients' aprons and bibs, headrest covers, draw curtains.

Light and power.

Office cleaning service, such as janitor, portage, etc.

Phone service.

Rent.

Secretary's and Nurse's salaries.

Nurse's uniform, such as gowns, caps, white shoes, hose, etc.

Supplies for business office such as stationery, postage, statement forms, professional cards, appointment cards.

Taxes—such as City, County, State, School and license to practice.

Towel material, such as towels, napkins, headrest covers, patients' aprons and bibs.

Uncollectable accounts.

Upkeep on equipment such as chair, engine, lathes, switchboard, compressor, x-ray, replacement on cuspidor, etc., replacement of broken and worn-out instruments, handpieces, glassware, etc.

Water.

Example:

Assuming that the total of the expense in an office of the foregoing items would amount to \$4,500 annually and the production hours equalled 1,500 hours, the overhead expense per hour of the items in question would equal $\$4,500 \div 1,500$ hours, or \$3 per hour. As overhead expense should equal about one-third of the hourly rate charged, the gross income per hour should, in this instance, be about \$9 per hour or \$13,500 gross annually.

It must be noted that the foregoing example does not take

into account expensive materials such as gold, alloy, cements, silicates, porcelains, artificial teeth and laboratory work. When the dentist makes a mental estimate of the number of hours required to do the work at so much per hour, he must add to the sum the cost of the materials as mentioned so as to arrive at a grand total which he will quote to the patient.

In the example, the dentist with an office expense of \$4,500 annually would have to charge on the basis of \$9 per hour if he would enjoy proper remuneration, taking into consideration that he is entitled to about two-thirds over and above his operating cost per hour. Since it is probable that he is catering to various classes of patients and that some cannot pay his hourly rate, it is necessary in order to equalize his earnings to classify his patients as in the chapter on "How to Establish Fees." With the dentist who must charge \$9 per hour the classification of patients would work out about as follows:

Class I Patient—Minimum hourly fee	\$ 7.00
Class II Patient—Minimum hourly fee	9.00
Class III Patient—Minimum hourly fee	11.00

Every dentist should install a good practical accounting system. However, he must be sure that the system that he might install has complete accounting detail, not only with regard to the items to be figured as overhead expense, but also materials and supplies which are used in daily practice. It is very important that his accounting system provide for proper records with regard to federal income tax and the various rulings which pertain specifically to dentists. There are various accounting systems published and sold. Information regarding them may be obtained from any representative dental dealer.

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